



CONVALESCENT VEHICLE INSPECTION REPORT

Date: _____
Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____
System Affiliation: _____
Viper ID#: _____

VEHICLE INFORMATION

Current Permit #: _____ VIN: _____
Assigned Vehicle Number: _____ Model Year: _____ Patient Capacity: _____
Manufacturer: _____ Fuel Type: _____ Gas _____ Diesel _____
New Only: Height: _____ Length: _____

Ramp Inspections Require Mandatory Items: Spot Inspections Require A Full Inspection

Mandatory (Automatic Failure) Items:

- Vehicle Body & Function
Appropriate Restraints for Crew & Non-patient Passenger
Two-way Radio or Cellular Phone Provider Owned
Interior Dimensions (Min. 48" x 102")
Wheeled Cot with Securing Straps
O2 Cylinder with Regulator (2 Sources)
Suction Apparatus (2 Sources)
Bag Valve Mask (Adult & Child Sized Bags with Adult, Child, Infant, & Neonatal Mask)
Defibrillator with Adult & PED Pads
CPR Board
Sphygmomanometer (Cuffs & Devices PED, Normal Adult, Large Adult)
Stethoscope
Heating & Cooling Sources
Patient Compartment Lighting
Trauma Tourniquet
Copy of Protocols

Required Items:

- Nasal Cannula (Adult/PED)
Nasopharyngeal Airways (3 Adult/3 PED Sizes)
Oropharyngeal Airways (3 Adult /3 PED Sizes)
Non-rebreather with Tubing (Adult) & (PED)
Rigid Pharyngeal Suction Device
Wide Bore Suction Tubing
Dressings, Bandages, Roll Gauze
Triangular Bandages (At Least 2)
Heavy Duty Scissors
Adhesive Tape
Bed Pan
Urinal
Emesis Collection Device
Pediatric Medication/Equipment System Guides
Lubricating Jelly
Sheets, Pillows, Pillow Cases, & Towels
Thermal Blanket (or Other Heat Conserving Device)
Disinfectant Hand Wash/Sanitizer
Disinfectant for Cleaning Equipment
Disposable Biohazard Trash Bags
Infection Control Kit (Mask, Gowns, Jumpsuits, Eye Protection, Shoe Covers)
Gloves (Latex Free)
Exterior Cleanliness
Interior Cleanliness
Provider Name Displayed on Each Side
Reflective Tape on All Sides
"Convalescent Ambulance" Indicated Both Sides & Rear
Equipment Secured in Patient Compartment
Mounted Fire Extinguisher

Comments:

Blank lines for handwritten comments.

TOTAL INSPECTION SCORING

Missing an entire Mandatory (Automatic Failure) Item may result in Summary Suspension or refusal of a permit.

If the vehicle has all mandatory equipment (Automatic Failure Items) and missing no more than (2) of the Required Items the vehicle permit will be issued.

PASSED

≤ 2 missing items = Satisfactory

> 2 missing items = Unsatisfactory

Inspection Results

___ PASSED

___ FAILED

___ Deficiencies corrected during inspection

___ Refusal of a Permit

___ Approved

___ Failed - Temporary

___ Not Approved

___ Failed - Suspension Issued

Permit #: _____

Expiration: _____

Provider Representative: _____

PERSONNEL - P#

LEVEL

#1: _____ EMR EMT AEMT Paramedic

#2: _____ EMR EMT AEMT Paramedic

For NCOEMS Use Only:

Inspector: _____

Date Entered in Continuum: _____