**Ramp Inspection Requires Mandatory Items; Spot Inspection A Full Inspection**

**Mandatory (Automatic Failure) Items:**
- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-Way Radio in Front & Radio Control Device
- Mounted in Patient Compartment
- Interior Dimensions (Min. 48” x 102”)
- Wheeled Cot with Securing Straps
- O2 Cylinder with Regulators (2 Sources)
- Suction Apparatus (2 Sources)
- Bag Valve Mask (Adult and Child Size Bags with Adult, Child, Infant & Neonatal Masks)
- Sphygmomanometer (Cuffs & Devices) for PED
- Normal Adult & Large Adult
- Stethoscope
- Heating and Cooling Source
- Patient Compartment Lighting
- Trauma Tourniquet
- Copy of Protocols
- CAAS or NFPA Ambulance Standard (Effective July 1, 2018)
- Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- Magill Forceps (Adult & PED Sizes)
- IV Admin Set Micro/Macro
- IV Catheters in at least 4 sizes
- Needles in Various Sizes (1 must be 1.5” for IM Injections)
- Syringes (in at least 3 Sizes)
- Waveform Capnography/Capnometry
- Monitor/Deltarhribator with Electrodes & 2 Sizes of Pads or Paddles with 12 LEAD Capability
- Pacemaker (External)
- Intraosseous Device (Two Sizes)
- Needle (3” or Longer & 14 ga for Chest Decompression
- Surgical Cricothyroidotomy Airway Kit (Required for RSI Only)
- ET Blades (3 Adult Sizes)
- ET Tubes (3 Adult Sizes)
- ET Stylettes (Adult Sizes)
- ET Handle with Extra Batteries and Light Source
- Endotracheal Tube Introducer (Adult & Peds)
- Mounted Fire Extinguisher

**Required Items Continued:**
- Suction Catheters (One Between 6 & 10F)
- Suction Catheters (One Between 12 & 16F)
- Suction Tubing
- Glucose Measuring Device
- Pulse Oximeter (Adult & PED Sizes)
- Long Backboard with three (3) Backboard Straps or Equivalent
- Stair Chair or Folding Stretcher
- Cervical Spine Immobilization Device (S.M & L)
- Femur Traction Device (Adult /PED)
- PED Restraint Device Available to Restrain <40lbs.
- Pediatric Spinal Immobilization Device or Short Backboard with Straps
- Head Immobilization Device
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Upper & Lower Extremity Immobilization Devices
- Burn Sheet
- Cold Packs
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (At Least 2)
- Heavy Duty Scissors
- Occlusive Dressing
- Adhesive Tape
- Sterile Irrigation Solution
- Alcohol Wipes
- Bed Pan
- Urinal
- Emesis Collection Device
- Pediatric Medication/Equipment System Guides
- Sheets, Pillows, Pillow Cases, & Towels
- Lubricating Jelly
- Sterile OB Kit (Scissors, Bulb Suction, Cord Clamps)
- Thermal Blanket (or Other Heat Conserving Device)
- Thermometer (Low Temperature Capability)
- Triage System
- 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)
- Sharps Container (2 Sources)
- Exterior Cleanliness

**Required Items Continued:**
- Interior Cleanliness
- Medications and Fluid Kept in Climate-Controlled Environment
- Provider Name Displayed on Vehicle
- Reflective Tape on All Sides
- Equipment Secured in Patient Compartment
- Acetaminophen or NSAID
- Adenosine
- Antiarrhythmic (Amiodarone, Lidocaine, Procanaine)
- Antimetic
- Aspirin
- Atrazine
- Benzodiazepine
- Beta-Agonists
- Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)
- Calcium Chloride/Gluconate
- Crystalloid Solution
- Diphenhydramine
- Epinephrine
- Glucagon
- Glucose Solution
- Narcan
- Narcotic Analgesic
- Nebulizer
- Nitroglycerin
- Nitrous Oxide
- Nasal Administration Device
- Sodium Bicarbonate
- Steroid Preparation
- Vasopressor

***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.**

**Inspection Results**

**PASSED**

≤ 2 missing items = Satisfactory

> 2 missing items = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

**Permit #: ____________________________**

**Expiration:** ____________________________

**For NCOEMS Use Only:**

**Inspector:** ____________________________

**Date Entered in Continuum:** ____________________________

**For NCOEMS Use Only:**

**Provider Representative:** ____________________________

**PERSONNEL – #1**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Level</th>
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<tbody>
<tr>
<td>EMR</td>
<td>EMT</td>
</tr>
<tr>
<td>AEMT</td>
<td>Paramedic</td>
</tr>
</tbody>
</table>

**For NCOEMS Use Only:**

**Provider Name:** ____________________________

**System Affiliation:** ____________________________

**Viper ID#: ____________________________**

**Location:** ____________________________

**Date:** ____________________________

**Provider Name:** ____________________________

**Viper ID#: ____________________________**

**System Affiliation:** ____________________________

**Current Permit #: ____________________________**

**VIN:** ____________________________

**Manufacturer (Body): ____________________________**

**Year:** ____________________________

**Fuel Type:** ____________________________

**4 X 4:** ____________________________

**New Only:** ____________________________

**Height:** ____________________________

**Length:** ____________________________

**For NCOEMS Use Only:**

**Inspector:** ____________________________

**Date Entered in Continuum:** ____________________________

**Office of Emergency Medical Services**

**Date:** ____________________________

**Location:** ____________________________

**Provider Name:** ____________________________

**Viper ID#: ____________________________**

**System Affiliation:** ____________________________

**Current Permit #: ____________________________**

**VIN:** ____________________________

**Manufacturer (Body): ____________________________**

**Year:** ____________________________

**Fuel Type:** ____________________________

**4 X 4:** ____________________________

**New Only:** ____________________________

**Height:** ____________________________

**Length:** ____________________________