



AMBULANCE BUS
VEHICLE INSPECTION REPORT



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

Date: _____

Location: _____

PROVIDER INFORMATION

Provider Name: _____

System Affiliation: _____

VEHICLE INFORMATION

Current Permit #: _____ VIN: _____

Assigned Vehicle Number: _____ Model Year: _____ Patient Capacity: _____

Manufacturer: _____ Fuel Type: ___ Gas ___ Diesel ___ 4 X 4

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

EMT-B Inspection

Mandatory 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 w/ Securing Straps
- ___ O2 Cylinder /Regulator (Portable)
- ___ Suction Device w/Tubing (Portable)
- ___ BV Mask Adult & Child w/4 Sizes Mask
- ___ Defibrillator w/Adult & Ped. Pads
- ___ Sphygmomanometer (cuffs & devices) for Pediatric, Normal Adult & Adult Large)
- ___ Adult Stethoscope
- ___ Heating & Cooling Source
- ___ Patient compartment lighting
- ___ Carbon Monoxide Monitor (front & rear pt comp)

Mandatory at the Discretion of Medical Director for BLS Providers

- ___ Blind Insertion Airway Device w/Syringe
- ___ Beta-agonists (Albuterol, etc.)
- ___ Nebulizer
- ___ Aspirin
- ___ Epinephrine Auto Injector
- ___ Nitroglycerin
- ___ Naloxone
- ___ Nasal Administration Device

Fifteen Point Deduction:

- ___ Long Backboard
- ___ Three (3) Backboard Straps or Equivalent.
- ___ Stair Chair or Folding Stretcher
- ___ Head Immobilization Device
- ___ Cervical Spine Immobilization Device (Small, Medium, & Large)
- ___ Pediatric Spinal Immobilization Extrication Device or Short Backboard w/Straps
- ___ Adult Spinal Immobilization Extrication Device or Short Backboard w/Straps
- ___ Adult Femur Traction Splint
- ___ Upper & Lower Extremity Immobilization Device
- ___ Oropharyngeal Airways (0, 1, 2, 3, 4, 5)
- ___ NPA's (14, 18, 20, 22, 24, 26, 28, 30, 32)
- ___ Nasal Cannula (Adult & Pediatric)
- ___ Non-Rebreather w/Tubing (Adult & Ped.)
- ___ Oxygen Tubing

- ___ Soft Suction Cath. (One between 6 & 10F, one between 12 & 16F)
- ___ Rigid Pharyngeal Suction Device
- ___ Wide-bore Suction Tubing
- ___ Latex Allergy Kit
- ___ 5 lb Mounted Fire Extinguisher (front & rear pt comp)
- ___ Flashlight w/ Extra Batteries
- ___ Infectious Control Kits: Masks, Gowns, Jump Suit, Eye Protection, Shoe Cover
- ___ Non-Sterile Gloves
- ___ Disposable Biohazard Bags
- ___ Disinfecting Hand Wash
- ___ Sharps Container (Fixed & Portable)
- ___ Emesis Basin
- ___ Urinal
- ___ Bed Pan
- ___ Nonporous Pillow
- ___ Sheets & Towels
- ___ Thermal blanket or Other Heat
- ___ Conserving Device
- ___ Sterile OB Kit
- ___ Bulb Syringe (Separate from OB)
- ___ Broselow Tape (2007 Version B)
- ___ Dressing, Bandages, and Roll Gauze
- ___ Tape
- ___ Occlusive Dressing
- ___ Heavy Duty Scissors
- ___ Alcohol Wipes
- ___ Lubricating Jelly
- ___ SMART (Triage Tags)
- ___ Sterile Saline Solution
- ___ Burn Sheet
- ___ Cold Packs
- ___ Medications and Fluid kept in climate controlled environment.
- ___ Provider Name on Each Side
- ___ Reflective Tape on all 4 Sides
- ___ Equipment Secured in Pt. Compartment
- ___ Sliding Curtain Behind Driver

Three Point Deductions:

- ___ Triangular Bandages
- ___ Thermometer (Low Temperature capability).
- ___ Pediatric Femur Traction Splint
- ___ Glucose Measuring Device
- ___ Pulse Ox. w/ Adult & Pediatric Probe)
- ___ Hard Copy of Protocol
- ___ Disinfectant for Cleaning Equipment,
- ___ N-95 or HEPA Masks
- ___ Pediatric Restraint Device Available To Restrain < 40 lbs.
- ___ Exterior Cleanliness
- ___ Interior Cleanliness

No Point Deduction:

___ Cellular Phone (Provider Owned)

Items requiring specific sizes, a 2pt. deduction should be given for each size missing or 15 pts. for entire item, unless mandatory.

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit

Total Inspection Scoring

___ x 2 pts= ___

___ x 3 pts= ___

___ x 15 pts= ___

TOTAL POINTS: _____

Inspection Results

PASSED

≤ 30 points = Satisfactory

> 30 points = Unsatisfactory

- Deficiencies Corrected During Inspection
- Approved
- Not Approved

Permit #: _____

Expiration: _____

FAILED

- Refusal of a permit
- Failed – Temporary
- Failed – Suspension Issued

Comments: _____

For NCOEMS Use Only:

Inspector: _____

Date Entered in CIS: _____

Compliance Inspection: ___ Ramp ___ Spot

Provider Representative: _____

Personnel: P Number _____ Level: _____

#1: _____ MR B I P

#2: _____ MR B I P