



AMBULANCE BUS  
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 \_\_\_\_\_

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

EMT Inspection

**Mandatory (Automatic Failure) Items:**

- \_\_\_ Vehicle Body & Function
- \_\_\_ Appropriate Restraints for Crew & Non-patient Passenger
- \_\_\_ Warning Devices (Lights & Sirens)
- \_\_\_ Two-way Radio in Front & Radio Control Device Mounted in Patient compartment
- \_\_\_ 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
- \_\_\_ Sphygmomanometer (Cuffs & Devices PED, Normal Adult, Large Adult)
- \_\_\_ Stethoscope
- \_\_\_ Heating & Cooling Sources
- \_\_\_ Patient Compartment Lighting
- \_\_\_ Trauma Tourniquet
- \_\_\_ Copy of Protocols
- \_\_\_ Carbon Monoxide Monitors (Front & Rear Patient Compartment)
- \_\_\_ Mounted Fire Extinguisher (Minimum 5lbs. Front & Rear)

**Mandatory for Expanded Scope of Practice:**

- \_\_\_ Acetaminophen or NSAID
- \_\_\_ Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- \_\_\_ Capnometry (Color)/Capnography EtCO2 Detector
- \_\_\_ Beta-agonists (Albuterol, etc.)
- \_\_\_ Nebulizer
- \_\_\_ Aspirin
- \_\_\_ Epinephrine for Anaphylaxis/Allergic Reaction
- \_\_\_ Needles/Syringes
- \_\_\_ Nitroglycerin
- \_\_\_ Naloxone
- \_\_\_ Nasal Administration Device

**Required Items:**

- \_\_\_ Bulb Syringe (Separate From OB Kit)
- \_\_\_ Nasal Cannula (Adult/PED)
- \_\_\_ Nasopharyngeal Airways (3 Adult/3PED Sizes)
- \_\_\_ Oropharyngeal Airways ( 3 Adult/3 PED Sizes)
- \_\_\_ Non-rebreather with Tubing (Adult) & (PED)
- \_\_\_ Rigid Pharyngeal Suction Device
- \_\_\_ 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

**Required Items Continued:**

- \_\_\_ 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
- \_\_\_ Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- \_\_\_ Upper & Lower Extremity Immobilization Devices
- \_\_\_ Head Immobilization Device
- \_\_\_ 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
- \_\_\_ Interior Cleanliness
- \_\_\_ Medications and Fluid Kept in Climate-Controlled Environment
- \_\_\_ Provider Name Displayed on Each Side
- \_\_\_ Reflective Tape on All Sides
- \_\_\_ Equipment Secured in Patient Compartment
- \_\_\_ Sliding Curtain Behind Driver

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.

Inspection Results

PASSED

≤ 2 missing items = Satisfactory

> 2 missing items = Unsatisfactory

Deficiencies corrected during inspection

Approved

Not Approved

Permit #: \_\_\_\_\_

Expiration: \_\_\_\_\_

\_\_\_ FAILED

Refusal of a Permit

Failed - Temporary

Failed - Suspension Issued

Comments: \_\_\_\_\_

Compliance Inspection: \_\_\_\_\_ Ramp \_\_\_\_\_ Spot

Provider Representative: \_\_\_\_\_

**For NCOEMS Use Only:**

Inspector: \_\_\_\_\_

Date entered in Continuum: \_\_\_\_\_

**PERSONNEL - P#**

LEVEL

#1: \_\_\_\_\_ EMR EMT AEMT Paramedic

#2: \_\_\_\_\_ EMR EMT AEMT Paramedic