



**CONVALESCENT AMBULANCE  
VEHICLE INSPECTION REPORT**



**PROVIDER & VEHICLE INFORMATION**

Inspection Date		Inspection Location		Inspection Type	<input type="checkbox"/> Permitting	<input type="checkbox"/> Ramp	<input type="checkbox"/> Spot
Provider Name		System Affiliation		Assigned Vehicle Number			
VIN #		Current Permit #	NC	VIPER ID #		VMN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chassis Manufacturer		Chassis Year		Box Manufacturer		Box Year	
Fuel Type	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other	4WD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance Type	<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III		
10A NCAC 13P .0224 Compliance	<input type="checkbox"/> CAAS NEW Construction <input type="checkbox"/> CAAS REMOUNT <input type="checkbox"/> NFPA <input type="checkbox"/> EXEMPT						

**Ramp Inspection Requires Mandatory Items – Spot Inspection Requires Full Inspection**  
*Missing An Entire Mandatory Item May Result in Summary Suspension or Refusal of Permit; Missing More Than Two (2) Required Items May Result in Summary Suspension or Refusal of Permit.*

**MANDATORY ITEMS**

Vehicle Body & Function	Defibrillator (AED or Manual with Passkey Override)
Appropriate Restraints for Crew & Non-Patient Passenger	Defibrillation Pads
Two-Way Radio or Cellular Phone	Oxygen Cylinder with Regulator
Heating AND Cooling Source in Patient Compartment	Suction Apparatus
Patient Compartment Lighting	Stethoscope
Mounted Fire Extinguisher (Charged & In-Date Inspection)	Sphygmomanometer (Cuffs & Devices) for Normal Adult and Large Adult
Copy of Protocols (Printed or Electronic Format)	Bag Valve Mask (Adult)
Wheeled Cot with Appropriate Safety Restraints	

**REQUIRED ITEMS**

Nasal Cannula
Non-Rebreather Mask with Tubing
Nasopharyngeal Airways (At Least 3 Adult Sizes)
Oropharyngeal Airways (At Least 3 Adult Sizes)
Rigid Pharyngeal Suction Device
Suction Tubing
Dressings, Bandages, Roll Gauze
Triangular Bandages (At Least 2)
Heavy Duty Scissors
Adhesive Tape
Bed Pan
Urinal
Emesis Collection Device
Pillows, Sheets, Pillowcases, and Towels
Thermal Blanket/Heat Conserving Device
Hand Sanitizer
Disinfectant for Cleaning Equipment
Disposable Biohazard Trash Bags
Infection Control Kit/PPE Kit
Non-Latex Exam Gloves
Exterior Cleanliness
Interior Cleanliness
Provider Name Displayed on Each Side of Vehicle
Reflective Tape on All Sides
Equipment Secured in Patient Compartment
"Convalescent Ambulance" Displayed on Both Sides and Rear

**INSPECTION SUMMARY**

Inspection Results	<input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Deficiencies Corrected During Inspection						
Inspection Action	<input type="checkbox"/> Permit Issued <input type="checkbox"/> Permit Refused <input type="checkbox"/> Permit Summarily Suspended						
Provider Representative							
Personnel 1 P-Number	P	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT	<input type="checkbox"/> EMR	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
Personnel 2 P-Number	P	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT	<input type="checkbox"/> EMR	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
NCOEMS Signature		Permit #	NC	Issue Date			