



**EMT 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 #
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 (Adult & Pediatric)
Warning Devices (Lights & Siren)	Trauma/Arterial Tourniquet
Two-Way Radio(s)	Oxygen Cylinder with Regulator (2 Sources)
Heating AND Cooling Source in Patient Compartment	Suction Apparatus (2 Sources)
Patient Compartment Lighting	Stethoscope
Mounted Fire Extinguisher (Charged & In-Date Inspection)	Sphygmomanometer (Cuffs & Devices) for Pediatric, Normal Adult, and Large Adult
Copy of Protocols (Printed or Electronic Format)	Bag Valve Masks (Adult & Child Size Bags with Adult, Child, Infant, & Neonatal Masks)
Wheeled Cot with Appropriate Safety Restraints	

**REQUIRED ITEMS**

Nasal Cannula (Adult & Pediatric)	Adhesive Tape
Non-Rebreather Mask with Tubing (Adult & Pediatric)	Sterile Irrigation Solution
Nasopharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Alcohol Wipes
Oropharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Bed Pan
Rigid Pharyngeal Suction Device	Urinal
Suction Catheters (One Between 6 & 10 Fr.)	Emesis Collection Device
Suction Catheters (One Between 12 & 16 Fr.)	Pediatric Medication/Equipment System or Guide
Suction Tubing	Pillows, Sheets, Pillowcases, and Towels
Glucose Measuring Device	Lubricating Jelly
Pulse Oximeter (Adult & Pediatric)	Sterile OB Kit
Long Spine Board (With 3 Straps or Equivalent)	Thermal Blanket/Heat Conserving Device
Stair Chair or Folding Stretcher	Thermometer (Low Temperature Capability)
Cervical Spine Immobilization Device (Adult & Pediatric)	Triage System
Head Immobilization Device	Hand Sanitizer
Adult Spinal Immobilization Extrication Device (or Short Spine Board with Straps)	Disinfectant for Cleaning Equipment
Pediatric Spinal Immobilization Device (or Short Spine Board with Straps)	Disposable Biohazard Trash Bags
Upper & Lower Extremity Immobilization Devices	Infection Control Kit/PPE Kit
Femur Traction Device (Adult & Pediatric OR Combination Device)	Non-Latex Exam Gloves
Pediatric Safety Restraint (To Restrain <40 lbs.)	Sharps Container (2 Sources)
Burn Sheet	Exterior Cleanliness
Cold Packs	Interior Cleanliness
Dressings, Bandages, Roll Gauze	Provider Name Displayed on Each Side of Vehicle
Triangular Bandages (At Least 2)	Reflective Tape on All Sides
Heavy Duty Scissors	Equipment Secured in Patient Compartment
Occlusive Dressing or Chest Seal	

**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