



**PARAMEDIC  
NON-TRANSPORT  
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		Fuel Type	<input type="checkbox"/> Gas	<input type="checkbox"/> Diesel	<input type="checkbox"/> Other
					<input type="checkbox"/> 4WD	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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	Stethoscope	Chest Decompression Needle (≥ 3" and ≥ 14ga.)
Warning Devices (Lights & Siren)	Sphygmomanometer (Cuffs & Devices) for Pediatric, Normal Adult, and Large Adult	Surgical Cricothyrotomy Airway Kit <b>(Required for DAI Only)</b>
Two-Way Radio(s)	Bag Valve Masks (Adult & Child Size Bags with Adult, Child, Infant, & Neonatal Masks)	Laryngoscope Handle with Extra Batteries & Bulb
Mounted Fire Extinguisher (Charged & In-Date Inspection)	Blind Insertion Airway Devices (Adult & Pediatric Sizes)	Laryngoscope Blades (3 Adult, 3 Pediatric Sizes)
Copy of Protocols (Printed or Electronic Format)	Magill Forceps (Adult & Pediatric)	Endotracheal Tubes (3 Adult, 3 Pediatric Sizes)
Monitor/Defibrillator/Pacemaker with 12 Lead Capability	IV Administration Set	Endotracheal Tube Stylets (Adult & Pediatric)
Monitoring Electrodes (Adult & Pediatric)	IV Catheters (At Least 4 Various Sizes)	Endotracheal Tube Introducer (Adult & Pediatric)
Defibrillation Pads (Adult & Pediatric)	Needles in Various Sizes (1 must be 1.5" for IM)	
Waveform Capnography (ETCO <sub>2</sub> )	Syringes (At Least 3 Various Sizes)	
Trauma/Arterial Tourniquet	Intraosseous Device (At Least 2 Sizes)	
Oxygen Cylinder with Regulator		
Suction Apparatus		

**REQUIRED ITEMS**

Nasal Administration Device	Cold Packs	Triage System
Nasal Cannula (Adult & Pediatric)	Dressings, Bandages, Roll Gauze	Hand Sanitizer
Non-Rebreather Mask with Tubing (Adult & Pediatric)	Triangular Bandages (At Least 2)	Disinfectant for Cleaning Equipment
Nebulizer (Mouthpiece/Mask)	Heavy Duty Scissors	Disposable Biohazard Trash Bags
Nasopharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Occlusive Dressing or Chest Seal	Infection Control Kit/PPE Kit
Oropharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Adhesive Tape	Non-Latex Examination Gloves
Rigid Pharyngeal Suction Device	Sterile Irrigation Solution	Sharps Container (2 Sources)
Suction Catheters (One Between 6 & 10 Fr.)	Alcohol Wipes	Exterior Cleanliness
Suction Catheters (One Between 12 & 16 Fr.)	Emesis Collection Device	Interior Cleanliness
Suction Tubing	Pediatric Medication/Equipment System or Guide	Medications/Fluids Stored in Climate Controlled Environment
Glucose Measuring Device	Lubricating Jelly	
Pulse Oximeter (Adult & Pediatric)	Sterile OB Kit	Provider Name Displayed on Each Side of Vehicle
Cervical Spine Immobilization Device (Adult & Pediatric)	Thermal Blanket/Heat Conserving Device	Reflective Tape on All Sides
Burn Sheet	Thermometer (Low Temperature Capability)	Equipment Secured Appropriately

**REQUIRED MEDICATIONS**

Acetaminophen or NSAID	Adenosine	Antiarrhythmic
Antiemetic	Aspirin	Atropine
Benzodiazepine	Beta-Agonists	Beta Blocker OR Calcium Channel Blocker
Calcium Chloride/Calcium Gluconate	Crystalloid Solution	Diphenhydramine
Epinephrine	Glucagon	Glucose Solution
Naloxone	Narcotic Analgesic	Nitroglycerin
Sodium Bicarbonate	Steroid Preparation	Vasopressor

**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	