



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

REQUIRED ITEMS

Nasal Administration Device	Cold Packs	Thermal Blanket/Heat Conserving Device
Nasal Cannula (Adult & Pediatric)	Dressings, Bandages, Roll Gauze	Thermometer (Low Temperature Capability)
Non-Rebreather Mask with Tubing (Adult & Pediatric)	Triangular Bandages (At Least 2)	Hand Sanitizer
Nebulizer (Mouthpiece/Mask)	Heavy Duty Scissors	Disinfectant for Cleaning Equipment
Nasopharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Occlusive Dressing or Chest Seal	Disposable Biohazard Trash Bags
Oropharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Adhesive Tape	Infection Control Kit/PPE Kit
Rigid Pharyngeal Suction Device	Sterile Irrigation Solution	Non-Latex Exam Gloves
Suction Catheters (One Between 6 & 10 Fr.)	Alcohol Wipes	Sharps Container (2 Sources)
Suction Catheters (One Between 12 & 16 Fr.)	Bed Pan	Exterior Cleanliness
Suction Tubing	Urinal	Interior Cleanliness
Gastric Tubes	Emesis Collection Device	Medications/Fluids Stored in Climate Controlled Environment
Glucose Measuring Device	Pediatric Medication/Equipment System or Guide	Provider Name Displayed on Each Side of Vehicle
Pulse Oximeter (Adult & Pediatric)	Pillows, Sheets, Pillowcases, and Towels	Reflective Tape on All Sides
Pediatric Safety Restraint (To Restrain <40 lbs.)	Lubricating Jelly	Equipment Secured in Patient Compartment
Burn Sheet	Sterile OB Kit	

REQUIRED MEDICATIONS

Acetaminophen or NSAID	Adenosine	Antiarrhythmic
Antiemetic	Aspirin	Atropine
Benzodiazepine	Beta-Agonists	Beta Blocker
Calcium Channel Blocker	Calcium Chloride OR Calcium Gluconate	Crystalloid Solution
Diphenhydramine	Epinephrine	Glucagon
Glucose Solution	Magnesium Sulfate	Naloxone
Narcotic Analgesic	Nitroglycerin	Sodium Bicarbonate
Steroid Preparation	Vasopressor	Paralytic (If Performing DAI)
Induction Agent (If Performing DAI)		

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				