



**WATER 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			
Vessel Registration #		Current Permit #	NC	VIPER ID #		VMN: <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

Hull Body & Function	Floating Litter with Appropriate Restraints (Secured to Vehicle)
Appropriate Restraints for Crew & Non-Patient Passenger	Two Floatable Rigid Long Spine Boards with Proper Accessories
Warning Devices (Lights & Siren)	Defibrillator (AED or Manual with Passkey Override)
Two-Way Radio	Defibrillation Pads (Adult & Pediatric)
Marine Radio	Trauma/Arterial Tourniquet
Radio Navigational Aids	Oxygen Cylinder with Regulator
Lighted Compass	Suction Apparatus
360° Beacon Warning Light	Stethoscope
Appropriate Patient Care Area	Sphygmomanometer (Cuffs & Devices) for Pediatric, Normal Adult, and Large Adult
Mounted Fire Extinguisher (Charged & In-Date Inspection)	Bag Valve Masks (Adult & Child Size Bags with Adult, Child, Infant, & Neonatal Masks)
Copy of Protocols (Printed or Electronic Format)	

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	Lubricating Jelly
Glucose Measuring Device	Sterile OB Kit
Pulse Oximeter (Adult & Pediatric)	Thermal Blanket/Heat Conserving Device
Cervical Spine Immobilization Device (Adult & Pediatric)	Thermometer (Low Temperature Capability)
Head Immobilization Device	Triage System
Adult Spinal Immobilization Extrication Device (or Short Spine Board with Straps)	Hand Sanitizer
Pediatric Spinal Immobilization Device (or Short Spine Board with Straps)	Disinfectant for Cleaning Equipment
Upper & Lower Extremity Immobilization Devices	Disposable Biohazard Trash Bags
Femur Traction Device (Adult & Pediatric OR Combination Device)	Infection Control Kit/PPE Kit
Pediatric Safety Restraint (To Restrain <40 lbs.)	Non-Latex Exam Gloves
Burn Sheet	Sharps Container (2 Sources)
Cold Packs	Exterior Cleanliness
Dressings, Bandages, Roll Gauze	Interior Cleanliness
Triangular Bandages (At Least 2)	Provider Name Displayed on Each Side of Vehicle
Heavy Duty Scissors	Reflective Tape on All Sides
Occlusive Dressing or Chest Seal	Equipment Secured in Patient Compartment

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	