**CONVALESCENT VEHICLE INSPECTION REPORT**

**Date:** ______________________  
**Location:** ______________________

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**PROVIDER INFORMATION**

Provider Name: ____________________________________________

System Affiliation: __________________________________________

Viper ID#: ____________________________________________

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**VEHICLE INFORMATION**

Current Permit #: ________  
VIN: ____________________________________________

Assigned Vehicle Number: ____________________________________________

Model Year: ________  
Patient Capacity: ________

Manufacturer: ____________________________________________

Fuel Type: ________

- Gas  
- Diesel  

New Only: Height: ________  
Length: ________

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**Ramp Inspections Require Mandatory Items; Spot Inspections Require A Full Inspection**

**Mandatory (Automatic Failure) Items:**

- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Two-way Radio or Cellular Phone Provider Owned
- Interior Dimensions (Min. 48” x 102”)
- Wheeled Cot with Securing Straps
- O2 Cylinder with Regulator (2 Sources)
- Suction Apparatus (2 Sources)
- Bag Valve Mask (Adult & Child Sized Bags with Adult, Child, Infant, & Neonatal Mask)
- Defibrillator with Adult & PED Pads
- CPR Board
- Sphygmomanometer (Cuffs & Devices PED, Normal Adult, Large Adult)
- Stethoscope
- Heating & Cooling Sources
- Patient Compartment Lighting
- Trauma Tourniquet
- Copy of Protocols

**Required Items:**

- Nasal Cannula (Adult/PED)
- Nasopharyngeal Airways (3 Adult/3 PED Sizes)
- Oropharyngeal Airways (3 Adult/3 PED Sizes)
- Non-rebreather with Tubing (Adult) & (PED)
- Rigid Pharyngeal Suction Device
- Wide Bore Suction Tubing
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (At Least 2)
- Heavy Duty Scissors
- Adhesive Tape
- Bed Pan
- Urinal
- Emesis Collection Device
- Pediatric Medication/System Equipment Guides
- Suction Tubing
- Sheets, Pillows, Pillow Cases, & Towels
- Thermal Blanket (or Other Heat Conserving Device)
- Disinfectant Hand Wash/Sanitizer
- Disinfectant for Cleaning Equipment
- Disposable Biohazard Trash Bags
- Infection Control Kit (Mask, Gowns, Jumpsuits, Eye Protection, Shoe Covers)
- Gloves (Latex Free)
- Exterior Cleanliness
- Interior Cleanliness
- Provider Name Displayed on Each Side
- Reflective Tape on All Sides
- "Convalescent Ambulance" Indicated Both Sides & Rear
- Equipment Secured in Patient Compartment
- Mounted Fire Extinguisher

**TOTAL INSPECTION SCORING**

Missing an entire Mandatory (Automatic Failure) Item may result in Summary Suspension or refusal of a permit.

If the vehicle has all mandatory equipment (Automatic Failure Items) and missing no more than (2) of the Required Items the vehicle permit will be issued.

- **PASSED**  
  - ≤ 2 missing items = Satisfactory  
  - > 2 missing items = Unsatisfactory

**Inspection Results**

<table>
<thead>
<tr>
<th><strong>PASSED</strong></th>
<th><strong>FAILED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deficiencies corrected during inspection</td>
<td>☐ Refusal of a Permit</td>
</tr>
<tr>
<td>☐ Approved</td>
<td>☐ Failed – Temporary</td>
</tr>
<tr>
<td>☐ Not Approved</td>
<td>☐ Failed – Suspension Issued</td>
</tr>
</tbody>
</table>

Permit #: ______________________  
Expiration: ______________________

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**For NCOEMS Use Only:**

Provider Representative: ____________________________

**PERSONNEL – P#**  
**LEVEL**  
#1: ____________________________  
EMR  EMT  AEMT  Paramedic

#2: ____________________________  
EMR  EMT  AEMT  Paramedic

Inspector: ____________________________

Date Entered in Continuum: ____________________________

DHHS/DHSR/EMS 4928  
Rev. 3/2019