**Vehicle Inspection Report**

**Provider Information**
- Provider Name: ____________________
- System Affiliation: ____________________
- Viper ID#: ____________________

**Vehicle Information**
- Current Permit #: ____________________
- VIN: ____________________
- Assigned Vehicle Number: ____________________
- (Chassis): ____________________ Year: ____________________
- Manufacturer (Body): ____________________ Year: ____________________
- Fuel Type: Gas _______ Diesel _______ 4 X 4: _______ Y _______ N
- Ambulance Type: ____________________ New Only: Height: _______ Length: _______

**Mandatory (Automatic Failure) Items:**
- Vehicle Body & Function
- Appropriate Restraints for Crew & Non-patient Passenger
- Warning Devices (Lights & Siren)
- Two-Way Radio in Front & Radio Control
- Device Mounted in Patient Compartment
- Interior Dimensions (Min. 48" x 102")
- Wheeled Cot with Securing Straps
- O2 Cylinder with Regulators (2 Sources)
- Suction Apparatus (2 Sources)
- Bag Valve Mask (Adult and Child Size Bags with Adult, Child, Infant & Neonatal Masks)
- Defibrillator with Adult and PED Pads
- Sphygmomanometer (Cuffs & Devices) for PED, Normal Adult & Large Adult
- Stethoscope
- Heating and Cooling Source
- Patient Compartment Lighting
- Trauma Tourniquet
- Copy of Protocols
- CAAS or NFPA Ambulance Standard (Effective July 1, 2016)

**Mandatory for Expanded Scope of Practice:**
- Acetaminophen or NSAID
- Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- Capnometry (Color)/Capnography EtCO2 Detector
- Beta-agonists (Albuterol, etc.)
- Nebulizer
- Aspirin
- Epinephrine for Anaphylaxis/Allergic Reaction
- Needles/Syringes
- Nitroglycerin
- Narcan
- Nasal Administration Device

**Required Items:**
- Bulb Syringe (Separate from OB)
- 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
- Suction Catheters (One Between 6 & 10F)
- Suction Catheters (One Between 12 & 16F)
- Wide Bore Suction Tubing
- Glucose Measuring Device
- Pulse Oximeter (Adult & PED Sizes)
- Long Backboard with three (3) backboard straps or equivalent

**Required Items Continued:**
- Stair Chair or Folding Stretcher
- Cervical Spine Immobilization Device (S,M, & L)
- Femur Traction Device (Adult/PED)
- PED Restraint Device Available to Restrain <40lbs.
- Pediatric Spinal Immobilization Device or Short Backboard with Straps
- Head Immobilization Device
- Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- Upper & Lower Extremity Immobilization Devices
- Burn Sheet
- Cold Packs
- Dressings, Bandages, Roll Gauze
- Triangular Bandages (At Least 2)
- Heavy Duty Scissors
- Occlusive Dressing
- Adhesive Tape
- Sterile Irrigation Solution
- Alcohol Wipes
- Bed Pan
- Urinal
- Emesis Collection Device
- Pediatric Medication/Equipment System Guides
- Sheets, Pillows, Pillow Cases, & Towels
- Lubricating Jelly
- Sterile OB Kit (Scissors, Bulb Suction, Cord Clamps)
- Thermal Blanket (or Other Heat Conserving Device)
- Thermometer (Low Temperature Capability)
- Triage System
- 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)
- Sharps Container (2 Sources)
- Exterior Cleanliness
- Interior Cleanliness
- Medications and Fluid Kept in Climate-Controlled Environment
- Provider Name Displayed on Each Side
- Reflective Tape on All Sides
- Equipment Secured in Patient Compartment
- Mounted Fire Extinguisher

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

- Deficiencies corrected during inspection
- Approved
- Not Approved
- Permit #: ____________________
- Expiration: ____________________

- FAILED
- Refusal of a Permit
- Failed – Suspension Issued

**Comments:**

For NCOEMS Use Only:
- Inspector: ____________________
- Date Entered in Continuum: ____________________

**Provider Representative:** ____________________

**Personnel – P#**
- #1: ____________________ EMR EMT AEMT Paramedic
- #2: ____________________ EMR EMT AEMT Paramedic

**DHHS/DHSR/EMS 4929**

REV. 2/2019