ROTARY & FIXED WING
VEHICLE INSPECTION REPORT

Date: _____

Location: _____

Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____

System Affiliation: _____

Operational Level: _____ Specialty Care _____ EMT-P

VEHICLE INFORMATION

Current Permit #: _____ VIN #: _____

Assigned Vehicle Number: _____ Model Year: _____ Tail #: _____

Ramp Inspection requires Mandatory Items; Spot Inspection a Full Inspection

## Air Vehicle Inspection

*Mandatory Items:*

___ Aircraft Body & Function
___ Internal Voice Communication System
___ Two-way Radio
___ Litter which allows Elevation of Patient's Head
___ Satellite Global Positioning System
___ External Search Light
___ Survival Gear appropriate for Service Area & Number of Occupants
___ Heating & Cooling Source
___ Patient Compartment Lighting
___ All required items by Medical Director per Specialized Ambulance Protocol Summary (SAPS)

*Fifteen (15) Point Deductions:*

___ Capability to Carry a min 220 lb Patient Load & Transport min 60 Nautical Miles or to nearest Trauma Center without Refueling
___ Pediatric Restraint Device available to restrain < 40 lbs
___ Mounted Fire Extinguisher
___ Flashlight with Extra Batteries
___ Provider Name Displayed on Each Side
___ Equipment Secured in Patient Compartment
___ Exterior Cleanliness
___ Interior Cleanliness

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

TOTAL INSPECTION SCORING

Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.

Rotary & Fixed Wing Vehicle Inspection Scoring

____ x 15 pts = _____

Total Points: _____

PASSED
≤ 30 points = Satisfactory
> 30 points = Unsatisfactory

Inspection Results

____ PASSED

☐ Deficiencies corrected during inspection
☐ Approved
☐ Not Approved

____ FAILED

☐ Refusal of a Permit
☐ Failed – Temporary
☐ Failed – Suspension Issued

Permit #: _____ Expiration: _____

Compliance Inspection: _____ Ramp _____ Spot

Provider Representative: _____

PERSONNEL – P# LEVEL

#1:_____ MR B I P

#2:_____ MR B I P

For NCOEMS Use Only:

Inspector: _____

Date Entered in CIS: _____