CONVALESCENT VEHICLE INSPECTION REPORT

Date: _____

Location: _____

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

PROVIDER INFORMATION

Provider Name: _____

System Affiliation: _____

Viper ID#: _____

VEHICLE INFORMATION

Current Permit #: _____ VIN: _____

Assigned Vehicle Number: _____ Model Year: _____ Patient Capacity: _____

Manufacturer: _____ Fuel Type: _____ Gas _____ Diesel _____

New Only: Height: _____ Length: _____

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
___ Mounted Fire Extinguisher

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
___ Suction Tubing
___ Dressings, Bandages, Roll Gauze
___ Triangular Bandages (At Least 2)
___ Heavy Duty Scissors
___ Adhesive Tape
___ Bed Pan
___ Urinal
___ Emesis Collection Device
___ Pediatric Medication/Equipment System Guides
___ Lubricating Jelly
___ 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

Comments:

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TOTAL INSPECTION SCORING

Missing an entire **M**andatory **(Automatic Failure) I**tem 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

____ PASSED

☐ Deficiencies corrected during inspection
☐ Approved
☐ Not Approved

____ FAILED

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

Permit #: _____ Expiration: _____

Provider Representative: _____

PERSONNEL – P#	LEVEL			
#1:_____	EMR	EMT	AEMT	Paramedic
#2:_____	EMR	EMT	AEMT	Paramedic

For NCOEMS Use Only:

Inspector: _____

Date Entered in Continuum: _____