

GROUND & NON-TRANSPORT VEHICLE INSPECTION REPORT

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

NG DMIDT CHOO		Date: Location:			Chica of the	Raleigh, NC 27699-2707	
PROVIDER INFORMATION				VEHIC	CLE INFORMATION	DN	_
Provider Name:		Current Permit #:	VIN				
System Affiliation:		Assigned Vehicle Number: _					
		Manufacturer:			Fuel Type:	_ Gas Diesel 4 X 4	
Operational Level:EMT EMT-l	EMII-P	Inspection Type:Grou	und	_Non-tran	sport New On	ly: Height: Length:	
Highlighted items are not required *(Non-transport Vehicles require one (1) O ₂ C _y			Ramp	Inspection	requires Mandato	ory Items; Spot Inspection a Full Inspectio	n
EMT-B Inspection				EMT-I I	nspection_		
Mandatory Items:				tory Item		Fifteen (15) Point Deductions:	
Vehicle Body & Function Appropriate Restraints for Crew & Non-patient	Non-rebreather with Tubing (adult) Non-rebreather with Tubing (PED)		ET Blades (3 adult & 3 PED sizes) ET Handles w/ extra Batteries & Bulbs			Language Adenosine Antiarrhythmic (Amiodarone, Lidocaine,	
Passenger		Catheters (one between 6 & 10F)			ılt & 3 PED sizes)	Procainamide)	
Warning Devices (Lights & Siren)		Catheters (one between 12 & 16F)	ET 9	Stylettes (ad	ult & PED sizes)	Antiemetic	
Two-way Radio in Front & Radio Control Device		aryngeal Suction Device		Tube Holder		Atropine Calcium Chloride/Gluconate	
Mounted in Patient Compartment Interior Dimensions (min. 48" x 102")		re Suction Tubing neter (low temperature capability)		d insertion inge (adult 8	Airway Device with	Beta Blockers (Metoprolol, Labetalol, et	c.)
Wheeled Cot with Securing Straps	Glucose	Measuring Device			(adult & PED sizes)		
O ₂ Cylinder with Regulators (*2 sources)		imeter (adult & PED sizes)		dmin Set m		etc.)	
Suction Apparatus (*2 sources)		atex free)			at least 4 sizes	Narcotic Analgesic Benzodiazepine	
Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks)		non-sterile) Fire Extinguisher		dies in vario in for IM inje	ous sizes (1 must b	Dopamine	
Defibrillator with adult & PED Pads		t with Extra Batteries			east 3 sizes)	Sodium Bicarbonate	
Sphygmomanometer (cuffs & devices) for PED,		Control Kit (masks, gowns,	IV A	rm Board	•	Steroid preparation	
normal adult, & large adult		s, eye protection, shoe covers) le Biohazard Trash Bags			aveform/Numeric	A three (3) point deduction should be	
Stethoscope Heating & Cooling Source		HEPA Masks	Enc	d Tidal/CO ₂ l	Detector	given for each size missing, or fifteer	
Patient Compartment Lighting		ant Hand Wash	Eiftoor	. /15) Poi	nt Deductions:	(15) points for entire item, unless	•
Tourniquet		ant for Cleaning Equipment		taminophen		mandatory.	
Mandataniatha Diametian of Madical		containers (2 sources) Collection Device	Aspi		o o		
Mandatory at the Discretion of Medical	Urinal	JOHECHOTT DEVICE			lbuterol, etc.)	Missing an entire mandatory item	
<u>Director for BLS Providers</u> Blind Insertion Airway Device with Syringe	Bedpan			stalloid soluti		may result in Summary Suspension	'n
(adult & PED sizes)		Pillows, Pillow Cases, & Towels		nenhydramin nephrine	е	or refusal of a permit.	
Beta-agonists (Albuterol, etc.)	I hermal device)	Blanket (or other heat conserving		cagon		Total Inspection Scoring	
Nebulizer		B Kit (scissors, bulb suction, cord		cose solution		-	
Aspirin Epinephrine Auto Injector (adult & PED)	clamps)	·		onium aspira xone	ator adaptor	x 3 pts =	
Ditroglycerin		nge (separate from OB)		ulizer		x 15 pts =	
Naloxone		eight-based Pediatric Tape S, Bandages, Roll Gauze		glycerin		Total Points:	
Nasal Administration Device		r Bandages (at least 2)				Inspection Results	
Fifteen (15) Point Deductions:	Occlusive	e Dressing		EMT-P I	nspection	PASSED PASSED	
Long Backboard	Adhesive	Tape uty Scissors	Manda	tory Item		≤ 30 points = Satisfactory	
Three (3) Backboard Straps or equivalent	Alcohol V		Mon	itor/Defibril	lator with Electrod	es 20 points Uppotinfoctory	
Stair Chair or Folding Stretcher Head Immobilization Device	Lubricati				ds or Paddles with	12 Points = Orisalistactory	
Cervical Spine Immobilization Device (S, M, & L)	Triage Sy			AD Capacity emaker (ext		☐ Deficiencies corrected during	
Pediatric Spinal Immobilization Extrication Device	Burn She	igation Solution			eedles (adult & PEC	inspection	
or Short Backboard with Straps	Cold Pag		size	s)	•	☐ Approved	
Adult Spinal Immobilization Extrication Device or Short Backboard with Straps		ons and Fluid kept in Climate-		dle (3" or lo ompression)	nger & 14ga for ches	st ☐ Not Approved	
Femur Traction Splint (adult)		d Environment			nyroidotomy Airwa	Permit #:	
Femur Traction Splint (PED)		Name Displayed on Each Side Tape on all Sides	Kit	(<u>required for</u>	RSI only)	Expiration:	
Upper & Lower Extremity Immobilization Devices		nt Secured in Pt. Compartment		eform Capr			
Pediatric Restraint Device available to restrain < 40 lbs	Copy of I		(<u>rec</u>	uired for RS	or only)	FAILED	
Oropharyngeal Airways (3 adult & 3 PED sizes)		Cleanliness Ieanliness				☐ Refusal of a Permit	
Nasopharyngeal Airways (3 adult & 3 PED sizes)		10a111111000				☐ Failed – Temporary	
Nasal Cannula (adult) Nasal Cannula (PED)						☐ Failed – Suspension Issued	
Comments:				Complia	nce Inspection:	Ramp Spot	_
					•		
For NCOEMS Use Only:				PERSONN		<u>LEVEL</u>	
Inspector:							
Date Entered in CIS:				#2:		MR B I P	