## Compliance Issues

<table>
<thead>
<tr>
<th>Name</th>
<th>Rule/Protocol</th>
<th>Complaint</th>
<th>Action Taken</th>
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<tr>
<td>Larry Smith</td>
<td>420-2-1-.13</td>
<td>Patient Care</td>
<td>Remediation</td>
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<tr>
<td>EMSP-Paramedic #9350875</td>
<td>Protocol 4.06</td>
<td>Reporting</td>
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<td>Protocol 3.09</td>
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<td>Intubation</td>
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<td></td>
<td>Cardiac Arrest</td>
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<td>Chance Wisdom</td>
<td>Protocol 1.01</td>
<td>Scope of Practice</td>
<td>Remediation</td>
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<td>EMSP-EMT #1000310</td>
<td>Protocol 4.01</td>
<td>BIAD procedure</td>
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<td>Exceeding scope of license</td>
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<td>Travis Schult</td>
<td>Protocol 3.08</td>
<td>Patient Care Issue</td>
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<td>Jesse Taylor</td>
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<td>Suspension</td>
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<td>EMSP-Paramedic #0100337</td>
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<td>Stacey Denzin</td>
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<td>Suspension</td>
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<td>EMSP-Paramedic #1200101</td>
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<td>Shayne Brown</td>
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<td>EMSP-AEMT #0200989</td>
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<td>Eric Hall</td>
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<td>Zechariah Drake</td>
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<td>John Maltbie</td>
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<td>Linda Sides</td>
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<td>EMSP-Paramedic</td>
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<td>Thomas Mason</td>
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<td>EMSP-EMT</td>
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<td>Christopher Goble</td>
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<td>EMSP-EMT</td>
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<td>Phillip Curtis</td>
<td>420-2-1-.30</td>
<td>Guilty of Misconduct, Professionalism</td>
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<tr>
<td>EMSP-Paramedic</td>
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</table>
| Brandy Crumpton       | Protocol 1.04| Disputes at Scene Medical Professionals at the Scene | Remediation | Protocol 1.09
| EMSP-Paramedic         | #0900157   |                                             |                 |
| Darrick Baccus        | 420-2-1-.05| Allowed individual to work w/o license, Record Keeping | Suspension      |
| EMSP-Paramedic         | #9243538   |                                             |                 |
PROVIDER INSPECTION FORM

OFFICE OF EMS AND TRAUMA

AIR EVAC EMS INC FAYETTE / LIC # 945

Date: February 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: Y
Transport: Transport
Owner Type: For Profit - Air Medical
Veh Inspect Only?: N

Med Control Hospital: DCH

**DRUG SUMMARY:**

| Drug Area Locked: Yes | Space Allocation: Adequate | Outdated Storage: No |
| Sanitation: Good | ALS Inventory Log: Yes | Area Secured: Secured |
| Temperature: Adequate | ALS Log Secure: Secured | Op Manual for Drugs: |
| Ventilation: Adequate | ALS Inventory Secure: Yes | Biohazard Plan: |

License Displayed: Yes Personnel Records Filed: Yes PCRs Properly Stored: Yes

**VEHICLE INSPECTION SUMMARY:**

Vehicle AE 45: Passed with Deficiencies
Chest Seal (1), Obstetric Kit (1), Burn Sheets (2)
Service needs to update personnel roster

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative

04/01/2014
## VEHICLE INSPECTION SUMMARY:

Vehicle AFC 1: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Pediatric, Nasal Cannulae with Tubing (3)/Infant, Portable Suction (Battery Operated) (1), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric

---

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

---

**Inspector**

04/01/2014

**Provider Representative**

---
### Date: March 13, 2014

**Inspector:** Vickie Turner  
**Outcome:** Passed with Deficiencies  
**ALS/BLS:** ALS1  
**Veh Inspect Only?:** N  
**Owner Type:** For Profit - EMS  
**Air Medical ALS:** N  
**Transport:** Transport  
**Med Control Hospital:** BAPTIST HEALTH

### DRUG SUMMARY:

<table>
<thead>
<tr>
<th>Drug Area Locked:</th>
<th>Space Allocation:</th>
<th>Outdated Storage:</th>
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</thead>
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<tr>
<td>Sanitation:</td>
<td>ALS Inventory Log:</td>
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<tr>
<td>Temperature:</td>
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<td>Op Manual for Drugs:</td>
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<tr>
<td>Ventilation:</td>
<td>ALS Inventory Secure:</td>
<td>Biohazard Plan:</td>
</tr>
</tbody>
</table>

**License Displayed:**  
**Personnel Records Filed:**  
**PCRs Properly Stored:**

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I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, c.t.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

---

**Inspector**  
04/01/2014  
**Provider Representative**
PROVIDER INSPECTION FORM

OFFICE OF EMS AND TRAUMA

AMSTAR EMS MARENGO / LIC # 988

VEHICLE INSPECTION SUMMARY:

Vehicle 482: Not Inspected

Vehicle 483: Not Inspected

Vehicle 484: Not Inspected

Vehicle 485: Passed with Deficiencies
Emergency Lights, Load Lights, Back-Up/Brake Lights, Tires, Hemostatic Agents (2), Chest Seal (1), Bandage Shears (1), Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1), Face Mask and Eye Protection (3), Pediatric Wheel or Tape (1)
NS 6/13 (1)

Vehicle 486: Not Inspected

Vehicle 491: Not Inspected

Vehicle 481: Not Inspected

Vehicle 487: Not Inspected

Vehicle 492: Not Inspected

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

04/01/2014

Provider Representative
PROVIDER INSPECTION FORM

AMSTAR EMS SUMTER / LIC # 1029

Date: March 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1
Air Medical ALS: N
Transport: Transport
Owner Type: For Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: BAPTIST HEALTH

VEHICLE INSPECTION SUMMARY:

Vehicle 489: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1), N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Face Mask and Eye Protection (3)
Bench seat in the pt compartment needs to be fixed

This is for 487

Vehicle 490: Not Inspected

Vehicle 480: Not Inspected

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative

04/01/2014
OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM

ARDMORE FIRE & RESCUE / LIC # 120

Date: March 11, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS3

Air Medical ALS: N
Transport: Non Transport
Owner Type: Non-Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: ATHENS LIMESTONE HOSPITAL

VEHICLE INSPECTION SUMMARY:

Vehicle RESCUE 1:
Hemostatic Agents (2), Chest Seal (1), Bag-Valve Mask (BVM) (1)/Infant, Traction Splint (1)/Adult, Face Mask and Eye Protection (3), Oral Glucose Paste (1), IV Pressure Infuser (1), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric, ET Tubes 2.0mm-3.5mm (uncuffed) (3)/Infant, Bougie Device (1)/Adult, Chest Needle Decompression Kit (1)
4/12 and 11/13

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

__________________________________________
Provider Representative

04/01/2014

__________________________________________
Inspector
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<th>March 11, 2014</th>
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<td>ALS/BLS:</td>
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<td>Veh Inspect Only?:</td>
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**Med Control Hospital:** ATHENS LIMESTONE HOSPITAL

### DRUG SUMMARY:

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<td>Biohazard Plan:</td>
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| License Displayed: | Yes | Personnel Records Filed: | Yes | PCRs Properly Stored: | Yes |

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__________________________  ____________________________
Inspector                                Provider Representative

04/01/2014
### VEHICLE INSPECTION SUMMARY:

**Vehicle LA53:** Passed

**Vehicle 56:** Passed with Deficiencies
- Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I

**Vehicle LA-57:** Passed

**Vehicle LA 54:** Passed with Deficiencies
- Hemostatic Agents (2)

**Vehicle 51:** Passed

**Vehicle LA 55:** Passed with Deficiencies
- IV Pressure Infuser (1)

**Vehicle LA-52:** Passed with Deficiencies
- Bag-Valve Mask (BVM) (2)/Pediatric, Portable Suction (Battery Operated) (1), Traction Splint (1)/Adult, IV Pressure Infuser (1)

**Vehicle LA 50:** Not Inspected

**Vehicle LA-59:** Passed with Deficiencies
- Bag-Valve Mask (BVM) (2)/Pediatric

**Vehicle LA58:** Passed
- On-Board Oxygen Tank (M or Larger) with Regulator and Flow Meter (1)

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**Inspector**

04/01/2014

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**Provider Representative**

2/2
**VEHICLE INSPECTION SUMMARY:**

Vehicle 133: Passed with Deficiencies  
Arterial Tourniquet (1)/Adult, On-Board Oxygen Tank (M or Larger) with Regulator and Flow Meter (1)

Vehicle 134: Passed with Deficiencies  
Cervical Collars (C-Collars) (2)/Adult, Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I

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## PROVIDER INSPECTION FORM

### CARE AMBULANCE TUSCALOOSA / LIC # 1051

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<td>Transport:</td>
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<td>ALS/BLS:</td>
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<td>Veh Inspect Only?:</td>
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**Med Control Hospital:** VAUGHN REGIONAL

### DRUG SUMMARY:

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<th>Outdated Storage:</th>
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<td>ALS Inventory Log:</td>
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<td>Area Secured:</td>
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| License Displayed: | Yes   | Personnel Records Filed: | No       | PCRs Properly Stored: | Yes    |

### VEHICLE INSPECTION SUMMARY:

Vehicle 135: Passed with Deficiencies
- Patient Rain Cover (2), Intraosseous (IO) Infusion Needles (1)/Adult, Haloperidol
- Haloperidol (2) 11/13

Vehicle 136: Failed
- Tires

Vehicle 138: Passed with Deficiencies
- Patient Rain Cover (2), Bag-Valve Mask (BVM) (2)/Infant, Burn Sheets (2), Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1), Laryngoscope Handle
- Batteries (extra) (1 set)

Vehicle 137: Passed with Deficiencies
- Hemostatic Agents (2), Patient Rain Cover (2), Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1), Magill Forceps (1)/Adult, Face Mask and Eye Protection (3), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric, Haloperidol
- 2 Haloperidol 11/13

Vehicle 78: Passed with Deficiencies
- Pulse Oximetry (1)/Pediatric, Suction Catheter (Tonsil Tip) (2)/Adult, Suction Tubing (2), Magill Forceps (1)/Adult, Gloves (latex or equivalent) (2 sizes), Digital Blood Glucose Meter (1), Pedi Wheel or Tape (1), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector: [Signature]

Provider Representative: [Signature]

04/01/2014
Date: March 05, 2014  Air Medical ALS: N
Inspector: Vickie Turner  Transport: Transport
Outcome: Passed with Deficiencies  Owner Type: County - EMS
ALS/BLS: ALS1  Veh Inspect Only?: N

Med Control Hospital: CHOCTAW GENERAL HOSPITAL

**VEHICLE INSPECTION SUMMARY:**

Vehicle 111: Passed with Deficiencies
- Tires, Hemostatic Agents (2), Chest Seal (1), Pulse Oximetry (1)/Pediatric, Magill Forceps (1)/Pediatric, Face Mask and Eye Protection (3), Digital Blood Glucose Meter (1), ET Tubes 2.0mm-3.5mm (uncuffed) (3)/Infant, ET Tubes 4.0mm-5.5mm (cuffed or uncuffed) (3)/Pediatric, ET Tubes 6.0mm-9.0mm (cuffed) (3)/Adult

Vehicle 114: Passed with Deficiencies
- Hemostatic Agents (2), Chest Seal (1), Magill Forceps (1)/Pediatric, Intraosseous (IO) Infusion Needles (1)/Pediatric, Haloperidol (4) Haloperidol 2/14

Vehicle 115: Passed with Deficiencies
- Hemostatic Agents (2), Magill Forceps (1)/Pediatric, this is for 110
- (2) lidocaine exp 3/1/14

Vehicle 112: Not Inspected
- Patient Restraints (1 set), Hemostatic Agents (2), Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1), Intraosseous (IO) Infusion Needles (1)/Pediatric, Haloperidol
- Out service due to accident
- This for the new 112
- (4) 2/14

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______________________________  ______________________________
Inspector  Provider Representative

04/01/2014
Date: February 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: Non-Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: NORTHWEST MEDICAL CENTER

**VEHICLE INSPECTION SUMMARY:**

Vehicle 44: Passed with Deficiencies
Chest Seal (1), Patient Rain Cover (2), Portable Suction (Battery Operated) (1), Magill Forceps (1)/Pediatric

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Inspector

Provider Representative

02/13/2014
Date: February 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Med Control Hospital: DCH REGIONAL MEDICAL CENTER

**DRUG SUMMARY:**


License Displayed: Yes
Personnel Records Filed: Yes
PCRs Properly Stored: Yes

**VEHICLE INSPECTION SUMMARY:**

Vehicle 402: Not Inspected
due to accident

Vehicle 403: Not Inspected

Vehicle 404: Passed with Deficiencies
Hemostatic Agents (2), Patient Rain Cover (2), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Bougie Device (1)/Adult

Vehicle 87: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1)

Vehicle 405: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2)

Vehicle 406: Passed with Deficiencies
Hemostatic Agents (2), N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Oral Glucose Paste (1), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Bougie Device (1)/Adult, Glucose, Oral paste (equivalent to Instant Glucose)*, Dopamine (equivalent to Intropin)

Vehicle 407: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1)

Vehicle 87: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2)

Vehicle 405: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2)

Vehicle 406: Passed with Deficiencies
Hemostatic Agents (2), N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Oral Glucose Paste (1), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Bougie Device (1)/Adult, Glucose, Oral paste (equivalent to Instant Glucose)*, Dopamine (equivalent to Intropin)

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative

04/01/2014
PROVIDER INSPECTION FORM
OFFICE OF EMS AND TRAUMA
GREEN POND FIRE & RESCUE / LIC # 748

Date: January 24, 2014  
Inspector: Vickie Turner  
Outcome: Passed with Deficiencies  
ALS/BLS: ALS1  

Med Control Hospital: UAB MEDICAL WEST

**VEHICLE INSPECTION SUMMARY:**
Vehicle RESCUE 1: Passed with Deficiencies
Long Spine Board Straps (6), Pulse Oximetry (1)/Pediatric, Burn Sheets (2), Micro and Macro Administration Sets (3 each), Epinephrine (equivalent to Adrenalin) 1: 10,000 and 1:1,000  
epi (2) 1/14

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Inspector  
Provider Representative  
03/31/2014
**PROVIDER INSPECTION FORM**

**OFFICE OF EMS AND TRAUMA**

**JIM WALTER RESOURCES INC / LIC # 283**

<table>
<thead>
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<td>Vickie Turner</td>
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<tr>
<td>Outcome:</td>
<td>Passed with Deficiencies</td>
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<td>ALS/BLS:</td>
<td>ALS1</td>
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<td>Air Medical ALS:</td>
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<tr>
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<td>Owner Type:</td>
<td>Non-Profit - Other</td>
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<tr>
<td>Veh Inspect Only?:</td>
<td>Y</td>
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</table>

**Med Control Hospital:**  D C H REGIONAL MEDICAL CENTER

**VEHICLE INSPECTION SUMMARY:**

Vehicle 1: Passed with Deficiencies

- Hemostatic Agents (2), Long Spine Board Straps (6), Bag-Valve Mask (BVM) (2)/Adult, Traction Splint (1)/Adult, O.P.A. (sizes 0-5) (1 set)/A/P/I, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Adult, Face Mask and Eye Protection (2), Biohazard Waste Bags (2), Arterial Tourniquet (1)/Adult, IV Pressure Infuser (1), Nebulizer (1)/Adult, Stylettes (2)/Adult, Bougie Device (1)/Adult, Albuterol Sulfate, Aspirin, Glucose, Oral paste (equivalent to Instant Glucose)*, Calcium Chloride, Haloperidol, Magnesium Sulfate, Zofran (equivalent to Ondansetron Aspirin (1) expired 1/13

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct. seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

_________________________                      ___________________________
Inspector                                                Provider Representative

04/01/2014                                                1/1
LIVINGSTON FIRE RESCUE / LIC # 294

Date: March 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Med Control Hospital: DCHRMC

VEHICLE INSPECTION SUMMARY:

Vehicle 15: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Magill Forceps (1)/Pediatric, IV Catheters (14, 16, 18, 20, 22, and 24 gauge) (5 each)

Vehicle 12: Passed with Deficiencies
Load Lights, Back-Up/Brake Lights, Intraosseous (IO) Infusion Needles (1)/Pediatric

Vehicle 14: Passed with Deficiencies
Bag-Valve Mask (BVM) (2)/Adult, Magill Forceps (1)/Pediatric, Intraosseous (IO) Infusion Needles (1)/Pediatric, Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set each)/A/P/I, ET Tubes 2.0mm-3.5mm (uncuffed) (3)/Infant, ET Tubes 4.0mm-5.5mm (cuffed or uncuffed) (3)/Pediatric, ET Tubes 6.0mm-9.0mm (cuffed) (3)/Adult

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

04/01/2014
Date: February 28, 2014  
Inspector: Vickie Turner  
Outcome: Passed with Deficiencies  
ALS/BLS: ALS1  

Air Medical ALS: N  
Transport: Transport  
Owner Type: For Profit - EMS  
Veh Inspect Only?: N  

Med Control Hospital: DCH REGIONAL MEDICAL CENTER  

<table>
<thead>
<tr>
<th>DRUG SUMMARY:</th>
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<tbody>
<tr>
<td>Drug Area Locked:</td>
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<tr>
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<td>ALS Log Secure:</td>
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</tr>
<tr>
<td>Op Manual for Drugs:</td>
<td></td>
</tr>
<tr>
<td>Biohazard Plan:</td>
<td></td>
</tr>
</tbody>
</table>

License Displayed: No  
Personnel Records Filed: No  
PCRs Properly Stored: Yes  

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector  
Provider Representative  
04/01/2014
## VEHICLE INSPECTION SUMMARY:

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Status</th>
<th>Details</th>
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<tr>
<td>86</td>
<td>Not Inspected</td>
<td></td>
</tr>
<tr>
<td>450</td>
<td>Not Inspected</td>
<td></td>
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<tr>
<td>451</td>
<td>Passed with Deficiencies</td>
<td>Hemostatic Agents (2), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 &amp; Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Furosemide (equivalent to Lasix) (2) lasix 2/1/14</td>
</tr>
<tr>
<td>455</td>
<td>Passed with Deficiencies</td>
<td>Blood Pressure Cuff (1)/Pediatric, Patient Rain Cover (2), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Triangular Reflectors or Equivalent (3), Diphenhydramine, Furosemide (equivalent to Lasix) (1) Lasix 2/1/14 and (1) Diphenhydramine 1/14</td>
</tr>
<tr>
<td>456</td>
<td>Passed with Deficiencies</td>
<td>Hemostatic Agents (2), Chest Seal (1), Traction Splint (1)/Adult, Face Mask and Eye Protection (3), Micro and Macro Administration Sets (3 each), Intraosseous (IO) Infusion Needles (1)/Pediatric, Wave Form Capnography (required by June 2013) (1), Triangular Reflectors or Equivalent (3), Furosemide (equivalent to Lasix), Sodium Bicarbonate (2) lasix 2/1/14 (1) SB 2/1/14</td>
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<tr>
<td>452</td>
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<td></td>
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<tr>
<td>454</td>
<td>Not Inspected</td>
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</tbody>
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---

Inspector: [Signature]

Provider Representative: [Signature]

04/01/2014
Date: March 13, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: Non-Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: J PAUL JONES

VEHICLE INSPECTION SUMMARY:

Vehicle Medic 2: Not Inspected

Vehicle MEDIC 1: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Burn Sheets (2), N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Epinephrine (equivalent to Adrenalin) 1: 10,000 and 1:1,000
(1) Epi 3/1/14

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Inspector

Provider Representative
PROVIDER INSPECTION FORM

OFFICE OF EMS AND TRAUMA

NORTHPORT FIRE RESCUE / LIC # 813

<table>
<thead>
<tr>
<th>Date:</th>
<th>February 07, 2014</th>
<th>Air Medical ALS:</th>
<th>N</th>
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<tbody>
<tr>
<td>Inspector:</td>
<td>Vickie Turner</td>
<td>Transport:</td>
<td>Non Transport</td>
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<tr>
<td>Outcome:</td>
<td>Passed with Deficiencies</td>
<td>Owner Type:</td>
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<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>N</td>
</tr>
</tbody>
</table>

Med Control Hospital: D C H REGIONAL MEDICAL CENTER

DRUG SUMMARY:

- Drug Area Locked: Yes
- Space Allocation: Adequate
- ALS Inventory Log: Yes
- Area Secured Storage: No
- Sanitation: Good
- Temperature: Adequate
- ALS Log Secure: Secured
- Op Manual for Drugs: Yes
- Ventilation: Adequate
- Biohazard Plan: Yes
- License Displayed: No
- Personnel Records Filed: Yes
- PCR's Properly Stored: Yes

VEHICLE INSPECTION SUMMARY:

Vehicle E - 4: Passed with Deficiencies
- Hemostatic Agents (2), Chest Seal (1), Long Spine Board (2), Pulse Oximetry (1)/Pediatric, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Pediatric, Arterial Tourniquet (1)/Adult, Laryngoscope Handle Batteries (extra) (1 set), Chest Needle Decompression Kit (1), Glucose, Oral paste (equivalent to Instant Glucose)*, Calcium Chloride
- oral glucose (1) 12/13
- have 2 cal glu

Vehicle R1X: Passed with Deficiencies
- Arterial Tourniquet (1)/Adult, Calcium Chloride

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Inspector

Provider Representative

04/01/2014
**PROVIDER INSPECTION FORM**

**OFFICE OF EMS AND TRAUMA**

**PROVIDER INSPECTION FORM**

**PICKENS COUNTY AMBULANCE SERVICE / LIC # 344**

<table>
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<th>February 19, 2014</th>
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<td>Outcome:</td>
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<td>Non-Profit - EMS</td>
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<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>Y</td>
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</table>

**Med Control Hospital:** PICKENS COUNTY MEDICAL CENTER

**VEHICLE INSPECTION SUMMARY:**

**Vehicle 96: Passed with Deficiencies**
- Hemostatic Agents (2), Chest Seal (1), Traction Splint (1)/Adult, Arterial Tourniquet (1)/Adult, Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, **Amiodarone, Adenosine, Dopamine (equivalent to Intropin)**

**Amiodarone (3) expired 12/13 Adenosine (5) 11/13 Dopamine (1) 12/13**

**Vehicle 90: Passed with Deficiencies**
- N.P.A. (12-34 fr) (6 Assorted)/A/P/I

**Vehicle M7: Not Inspected**
- Hemostatic Agents (2), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Arm and Leg Splints (2 each)/Pediatric, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Biohazard Waste Bags (2), Continuous Positive Airway Pressure (CPAP) Device (1) out of service mechanical

**This inspection is for 131 (1d) narcan exp 10/13**

**Vehicle M1: Not Inspected**
- won't start

**Vehicle 84: Not Inspected**
- no longer in use

---

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---

**Inspector**

02/20/2014

**Provider Representative**
OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM

PLEASANT BAY AMBULANCE, INC. / LIC # 728

Date: March 03, 2014
 Inspector: Vickie Turner
 Outcome: Passed with Deficiencies
 ALS/BLS: ALS1

PROVIDER INSPECTION SUMMARY:

Not following their Drug and Fluid plan
Keys to the drugs where laying on the shelf in the supply closet

**Med Control Hospital:** RUSSELLVILLE HOSPITAL

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<th>Drug Area Locked:</th>
<th>Space Allocation:</th>
<th>Outdated Storage:</th>
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<tr>
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<tr>
<th>Ventilation:</th>
<th>ALS Inventory Secure:</th>
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<td>Adequate</td>
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</table>

License Displayed: Yes
Personnel Records Filed: Yes
PCR s Properly Stored:

---

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Inspector  
Provider Representative

04/01/2014
VEHICLE INSPECTION SUMMARY:

Vehicle 2: Passed with Deficiencies
Hemostatic Agents (2), Bandage Shears (1), Pulse Oximetry (1)/Adult, Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Portable Suction (Battery Operated) (1), Face Mask and Eye Protection (3), Pedi Wheel or Tape (1), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric, Stylettes (2)/Adult

Vehicle 08: Not Inspected

Vehicle 16: Failed
Windshield, Bandage Shears (1), Blood Pressure Cuff (1)/Pediatric, Cervical Immobilization Device (CID) (2), Pulse Oximetry (1)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Portable Suction (Battery Operated) (1), Burn Sheets (2), Digital Blood Glucose Meter (1), Pedi Wheel or Tape (1), Arterial Tourniquet (1)/Adult, Nebulizer (1)/Pediatric, Laryngoscope Handle Batteries (extra) (1 set), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Stylettes (2)/Adult, Continuous Positive Airway Pressure (CPAP) Device (1), Dopamine (equivalent to Intropin), Epinephrine (equivalent to Adrenalin) 1: 10,000 and 1:1,000 (2) Epi 1:10,000 1/14

Vehicle 10: Not Inspected
In the shop for electrical

Vehicle 07: Passed with Deficiencies
Patient Restraints (1 set), Hemostatic Agents (2), Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Adult, Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1), Arterial Tourniquet (1)/Adult, Micro and Macro Administration Sets (3 each), IV Pressure Infuser (1), Wave Form Capnography (required by June 2013) (1)

Vehicle 19: Failed
Windshield, Tires
Seat in pt. compartment needs to be repaired

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

______________________________  ________________________________
Inspector                                  Provider Representative
04/01/2014
PROVIDER INSPECTION FORM

RPS WALKER / LIC # 353

Date: January 22, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: For Profit - EMS
Veh Inspect Only?: N

Med Control Hospital: UAB

**DRUG SUMMARY:**

<table>
<thead>
<tr>
<th>Drug Area Locked:</th>
<th>Yes</th>
<th>Space Allocation:</th>
<th>Adequate</th>
<th>Outdated Storage:</th>
<th>No</th>
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<td>ALS Inventory Secure:</td>
<td>Yes</td>
<td>Biohazard Plan:</td>
<td>Yes</td>
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License Displayed: Yes
Personnel Records Filed: Yes
PCRs Properly Stored: Yes

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

______________________________  ________________________________
Inspector                               Provider Representative
04/01/2014
VEHICLE INSPECTION SUMMARY:

Vehicle 810: Not Inspected

Vehicle 820: Not Inspected

Vehicle 817: Failed
Heat/AC F/R, Hemostatic Agents (2), Pulse Oximetry (1)/Pediatric, Portable Oxygen Tanks (D or E) with Regulator (2), Portable Suction (Battery Operated) (1), Intraosseous (IO) Infusion Needles (1)/Pediatric, Wave Form Capnography (required by June 2013) (1), Dopamine (equivalent to Intropin), Haloperidol

Vehicle 818: Not Inspected

Vehicle 826: Not Inspected

Vehicle 802: Not Inspected

Vehicle 812: Not Inspected

Vehicle 807: Not Inspected

Vehicle 815: Not Inspected

Vehicle 819: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Traction Splint (1)/Adult, Dopamine (equivalent to Intropin)

Vehicle 814: Not Inspected

Vehicle 827: Not Inspected

Vehicle 832: Not Inspected

Vehicle 801: Not Inspected

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.
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VEHICLE INSPECTION SUMMARY:

Vehicle 716: Not Inspected

Vehicle 714: Not Inspected

Vehicle 708: Passed with Deficiencies
Diphenhydramine, Glucose, Oral paste (equivalent to Instant Glucose)*, Thiamine, Lidocaine HCL (equivalent to Xylocaine) Premix
Lidocaine premix bag (2) 11/13, Thiamine 10/13 (2), Diphenhydramine 11/13 (1), and oral glucose 10/13 (1)

Vehicle 709: Not Inspected

Vehicle 715: Not Inspected

Out of service due to electrical problems

Vehicle 711: Not Inspected

Front end problems

Vehicle 712: Passed with Deficiencies
Hemostatic Agents (2), Pulse Oximetry (1)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Portable Suction (Battery Operated) (1), Biohazard Waste Bags (2), Digital Blood Glucose Meter (1), Pedi Wheel or Tape (1), Arterial Tourniquet (1)/Adult, Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each) A/P/I, Diphenhydramine, Naloxone (equivalent Narcan), Magnesium Sulfate
Naloxone (1) 10/13 N.S. (1) 7/13 Magnesium Sulfate (5) 8/13 Diphenhydramine (1) 10/13

Vehicle 713:
Chest Seal (1), Portable Oxygen Tanks (D or E) with Regulator (2), Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Triangular Reflectors or Equivalent (3)

Vehicle 705: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2), Long Spine Board (2), Long Spine Board Straps (6), Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Adult, Nasal Cannulae with Tubing (3)/Pediatric, Nasal Cannulae with Tubing (3)/Infant, Bag-Valve Mask (BVM) (2)/Pediatric, Portable Suction (Battery Operated) (1), Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1), Arterial Tourniquet (1)/Adult, Intravenous (IO) Infusion Needles (1)/Pediatric, Approved Sharps Container (1), On-Board Oxygen Tank (M or Larger) with Regulator and Flow Meter (1), Continuous Positive Airway Pressure (CPAP) Device (1)
Seats need to be fixed

Vehicle 709: Not Inspected

out of service

Vehicle 708: Failed

due to wont start

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, c.t.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.
Vehicle 704: Not Inspected

Vehicle 700: Passed with Deficiencies
Hemostatic Agents (2), Arterial Tourniquet (1)/Adult

Vehicle 702: Failed
Hemostatic Agents (2), Chest Seal (1), Bandage Shears (1), Long Spine Board (2), Long Spine Board Straps (6), Portable Oxygen Tanks (D or E) with Regulator (2), Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Pediatric, Nasal Cannulae with Tubing (3)/Infant, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Arterial Tourniquet (1)/Adult, Primary Stretcher (2 Sets of Straps and 1 Chest Restraint with Shoulder Straps) (1)
Floor needs to be repaired by back door where metal strip is.

Vehicle 707: Passed with Deficiencies
Calcium Chloride, Epinephrine (equivalent to Adrenalin) 1: 10,000 and 1:1,000 (2) epi expired 2/1/2014 and (1) Calcium chordie 2/1/14

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Inspector

Provider Representative

04/01/2014
Date: January 22, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Non Transport
Owner Type: City - Fire
Veh Inspect Only?: N

Med Control Hospital: WALKER BAPTIST MEDICAL CENTER

**DRUG SUMMARY:**

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<th>Drug Area Locked</th>
<th>Space Allocation</th>
<th>ALS Inventory Log</th>
<th>ALS Log Secure</th>
<th>Area Secured</th>
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<th>Op Manual for Drugs</th>
<th>Biohazard Plan</th>
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<td>Adequate</td>
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<td>Secured</td>
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<td>Yes</td>
<td>Yes</td>
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License Displayed: Yes
Personnel Records Filed: Yes
PCRs Properly Stored: Yes

**VEHICLE INSPECTION SUMMARY:**

Vehicle R- 16: Passed with Deficiencies
N.P.A. (12-34 fr) (6 Assorted)/A/P/I, CO2 Monitoring Equipment (2)/Pediatric
D 5 (1) 10/01/13

sfrshammer@gmail.com

Vehicle ENGINE 1: Passed with Deficiencies
Chest Needle Decompression Kit (1), Non-Rebreathing Mask with Tubing (1)/Pediatric, Haloperidol, Lidocaine HCL (equivalent to Xylocaine) Premix 1 Lidocaine 10/01/2014 Haloperidol (2) 10/13 11/13

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative

04/01/2014
PROVIDER INSPECTION FORM

TRANSCARE AMBULANCE SERVICE / LIC # 976

Date: February 05, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: For Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: NORTHWEST MEDICAL CENTER

VEHICLE INSPECTION SUMMARY:

Vehicle 23: Passed with Deficiencies
Back-Up/Brake Lights, Hemostatic Agents (2), Bougie Device (1)/Adult
N.S. (2) 10/2013

Vehicle 54: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Portable Suction (Battery Operated) (1), Bougie Device (1)/Adult
N.S. (2) 9/9/2013

Vehicle 51: Passed with Deficiencies
Hemostatic Agents (2), Portable Oxygen Tanks (D or E) with Regulator (2), Intraosseous (IO) Infusion Needles (1)/Adult, Wave Form Capnography (required by June 2013) (1)
Seat needs repaired

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector
Provider Representative

04/01/2014
**PROVIDER INSPECTION FORM**

**OFFICE OF EMS AND TRAUMA**  
**TUSCALOOSA COUNTY SHERIFF'S DEPARTMENT / LIC # 1035**

<table>
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<th>Date:</th>
<th>March 21, 2014</th>
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<td>Outcome:</td>
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<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>Y</td>
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</table>

**VEHICLE INSPECTION SUMMARY:**

Vehicle 200: Passed with Deficiencies  
Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2), Cervical Collars (C-Collars) (2)/Pediatric, Pulse Oximetry (1)/Pediatric, Portable Suction (Battery Operated) (1), Oral Glucose Paste (1), Automatic External Defibrillator (AED) Device (1)/Pediatric  
oral glucose (2) expired 11/13

Vehicle 201: Passed with Deficiencies  
Chest Seal (1), N.P.A. (12-34 fr) (6 Assorted)/A/P/I

Vehicle 202: Passed  
Patient Rain Cover (2)

Vehicle 203: Not Inspected  
Out of service

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______________________________  ______________________________
Inspector                                     Provider Representative

04/01/2014
<table>
<thead>
<tr>
<th>Name</th>
<th>Rule/Protocol</th>
<th>Complaint</th>
<th>Action Taken</th>
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<tr>
<td>Ronald Bice</td>
<td>420-2-1-.29</td>
<td>Impaired EMSP</td>
<td>Suspension</td>
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<td>Weston Culpepper</td>
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<td>EMSP-EMT #1001414</td>
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<td>Lennie Hartzog</td>
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<td>Responsibility of patient</td>
<td>Suspension</td>
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<td>EMSP-Paramedic</td>
<td>420-2-1-.30</td>
<td>Patient Care Issue</td>
<td>Suspension</td>
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<td></td>
<td>3.13 &amp; 3.24</td>
<td>Chest Pain &amp; N/V</td>
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<td>Wendy Jenkins</td>
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<td>Patient Care Issue</td>
<td>Remediation</td>
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<td>Gregory Lockard</td>
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<td>Professionalism</td>
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<td>Discussion</td>
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<td>William Powell</td>
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<td>Morgan Sherrill</td>
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<td>Maisie Slaughter</td>
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<td>Dale Sutton</td>
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<td>Daniel Taylor</td>
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## COMPLIANCE ISSUES

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<th>Name</th>
<th>Rule/Protocol</th>
<th>Complaint</th>
<th>Action Taken</th>
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<td>Charles Stone II</td>
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<td>Michael Armstrong</td>
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<td>Dakota Menna</td>
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<tr>
<td>Mark Beverett</td>
<td>420-2-1-.29</td>
<td>Impaired EMSP</td>
<td>Suspension</td>
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<td>EMSP-EMT</td>
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<td>Kevin Lolis</td>
<td>420-2-1-.25</td>
<td>Patient Care Issue</td>
<td>Suspension</td>
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<td>EMSP- Paramedic</td>
<td>420-2-1-.30</td>
<td>Duty to Act</td>
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<td>James G. Hill</td>
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<td>Duty to Act</td>
<td>Suspension</td>
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<td>EMSP-Paramedic</td>
<td>420-2-1-.25</td>
<td>Patient Care Issue</td>
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<td>420-2-1-.13</td>
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<td>420-2-1-.28</td>
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<td>Julien McGriff</td>
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# PROVIDER INSPECTION FORM

## ALBERTVILLE FIRE & RESCUE / LIC # 108

<table>
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<tr>
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<td>Vickie Turner</td>
<td>Transport:</td>
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<tr>
<td>Outcome:</td>
<td>Passed with Deficiencies</td>
<td>Owner Type:</td>
<td>City - Fire</td>
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<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>Y</td>
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</table>

**Med Control Hospital:** MARSHALL MEDICAL CENTER SOUTH

### VEHICLE INSPECTION SUMMARY:

- **Vehicle 516:** Passed with Deficiencies  
  - Multi-trauma Dressings (2), Patient Rain Cover (2)
  - seat needs to be repaired

- **Vehicle ENGINE 1:** Passed with Deficiencies  
  - Patient Restraints (1 set), Cervical Collars (C-Collars) (2)/Pediatric, Pulse Oximetry (1)/Adult, Pulse Oximetry (1)/Pediatric, Non-Rebreathing Mask with Tubing (1)/Pediatric, Non-Rebreathing Mask with Tubing (1)/Infant, Nasal Cannulae with Tubing (1)/Pediatric, Obstetric Kit (1), IV Pressure Infuser (1), Stylettes (2)/Adult, Stylettes (2)/Pediatric, Aspirin, Thiamine
  - Aspirin (1) 8/14, Thiamine 7/14 (1)

- **Vehicle ENGINE 2:** Passed with Deficiencies  
  - Patient Rain Cover (2), Face Mask and Eye Protection (2)

- **Vehicle ENGINE 3:** Passed with Deficiencies

- **Vehicle 581:** Passed with Deficiencies  
  - Long Spine Board (2), Micro and Macro Administration Sets (3 each)

- **Vehicle 513:** Passed with Deficiencies  
  - Patient Rain Cover (2), Micro and Macro Administration Sets (3 each)

---

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

---

Inspector: Vickie Turner  
Provider Representative:

01/08/2015
## PROVIDER INSPECTION FORM

**OFFICE OF EMS AND TRAUMA**

**AM/NS CALVERT / LIC # 1068**

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<td>Owner Type:</td>
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<td>ALS/BLS:</td>
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<td>Veh Inspect Only?:</td>
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| Med Control Hospital: | SPRINGHILL MEMORIAL HOSPITAL |

### DRUG SUMMARY:

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<tr>
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<td>Ventilation:</td>
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</table>

| License Displayed: | Yes | Personnel Records Filed: | Yes | PCRs Properly Stored: | Yes |

### VEHICLE INSPECTION SUMMARY:

Vehicle 103: Passed with Deficiencies

- Bag-Valve Mask (BVM) (2)/Infant, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1)

---

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct. seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

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I:

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Provider Representative

01/08/2015
PROVIDER INSPECTION FORM
OFFICE OF EMS AND TRAUMA
A-MED AMBULANCE SERVICE MARSHALL / LIC # 997

<table>
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<td>City - EMS</td>
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<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>Y</td>
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</table>

Med Control Hospital: RIVERTVIEW REGIONAL

VEHICLE INSPECTION SUMMARY:

Vehicle A-18: Passed with Deficiencies  
Hemostatic Agents (2), Patient Rain Cover (2), Long Spine Board (2), Pulse Oximetry (1)/Pediatric, Arterial Tourniquet (1)/Adult, Micro and Macro Administration Sets (3 each), ET Tubes 2.0mm-3.5mm (uncuffed) (3)/Infant, ET Tubes 4.0mm-5.5mm (cuffed or uncuffed) (3)/Pediatric  
Truck 23  
(2) Lasix exp 8/14, Magnesium Sulfate (4) 8/14 Zofran 9/1/14

Need to know when truck is fixed was out of service due to mechanical problems.

Vehicle A-9: Passed with Deficiencies  
Chest Seal (1), Magill Forceps (1)/Adult, Bougie Device (1)/Adult, Magnesium Sulfate

Missing signature on morphine log Magnesium Sulfate (8) exp 8/14

Vehicle A2: Passed with Deficiencies  
Magill Forceps (1)/Adult, Magill Forceps (1)/Pediatric, Face Mask and Eye Protection (3), Laryngoscope Handle Batteries (extra) (1 set), Bougie Device (1)/Adult, Non-Rebreathing Mask with Tubing (3)/Infant

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

[Signature]

Provider Representative

01/08/2015
OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM

AMVAC CHEMICAL CORPORATION / LIC # 1061

Date: September 22, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Non Transport
Owner Type: Non-Profit - Other
Veh Inspect Only?: N

Med Control Hospital: SPRINGHILL MEMORIAL HOSPITAL

**DRUG SUMMARY:**

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License Displayed: Yes
Personnel Records Filed: Yes
PCRs Properly Stored: Yes

**VEHICLE INSPECTION SUMMARY:**

Vehicle OFFICE: Passed with Deficiencies
Chest Seal (1), Cervical Collars (C-Collars) (2)/Adult, Portable Suction (Battery Operated) (1), Suction Catheter (Tonsil Tip) (2)/Adult, Suction Catheter (Tonsil Tip) (2)/Pediatric, Suction Catheters (6-18 fr) (3 assorted)/Adult, Suction Catheters (6-18 fr) (3 assorted)/Pediatric, Suction Tubing (2), N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Magill Forceps (1)/Adult, Arterial Tourniquet (1)/Adult, Micro and Macro Administration Sets (3 each), IV Pressure Infuser (1), Intraosseous (IO) Infusion Needles (1)/Adult, Stylettes (2)/Adult, Bougie Device (1)/Adult

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

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Inspector

Provider Representative

01/08/2015
OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM

ARAB FIRE RESCUE / LIC # 168

Date: September 25, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1
Air Medical ALS: N
Transport: Non Transport
Owner Type: City - Fire
Veh Inspect Only?: N

Med Control Hospital: MARSHALL MEDICAL CENTER NORTH

DRUG SUMMARY:

| Drug Area Locked: Yes | Space Allocation: Adequate | Outdated Storage: No |
| Sanitation: Good | ALS Inventory Log: | Area Secured: Secured |
| Temperature: Adequate | ALS Log Secure: | Op Manual for Drugs: |
| Ventilation: Adequate | ALS Inventory Secure: | Biohazard Plan: |

License Displayed: Yes
Personnel Records Filed: Yes
PCRs Properly Stored: Yes

VEHICLE INSPECTION SUMMARY:

Vehicle ENGINE 1:
Hemostatic Agents (2), Soft Roll Bandages (10), Patient Rain Cover (2), Cervical Collars (C-Collars) (2)/Pediatric, Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Adult, Arm and Leg Splints (2 each)/Adult, Arm and Leg Splints (2 each)/Pediatric, Traction Splint (1)/Adult, Obstetric Kit (1), Burn Sheets (2), Magill Forceps (1)/Pediatric, Face Mask and Eye Protection (2), Biohazard Waste Bags (2), Pedi Wheel or Tape (1), Arterial Tourniquet (1)/Adult, CO2 Monitoring Equipment (2)/Pediatric, IV Catheters (14, 16, 18, 20, 22, and 24 gauge) (3 each)/A/P/I, Micro and Macro Administration Sets (3 each), IV Pressure Infuser (1), Approved Sharps Container (1), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 && Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Glucose, Oral paste (equivalent to Instant Glucose)*, Magnesium Sulfate
oral glucose 8/14 (1) magnesium (5) 5/14

Vehicle SQUAD 1: Not Inspected
out of service due to mechanical problems

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspected: Vickie Turner
Provider Representative
01/08/2015
PROVIDER INSPECTION FORM

OFFICE OF EMS AND TRAUMA

DAUPHIN ISLAND FIRE AND RESCUE / LIC # 201

Date: September 25, 2014
Inspector: Mark Jackson
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: Non-Profit - EMS
Veh Inspect Only?: Y

Med Control Hospital: PROVIDENCE HOSPITAL

VEHICLE INSPECTION SUMMARY:

Vehicle 1: Passed with Deficiencies
Emergency Lights
emergency lightbar had two lights not working

Vehicle 2: Not Inspected

Vehicle 2 is out of service for inspection purposes

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Mark Jackson

Provider Representative

01/08/2015
PROVIDER INSPECTION FORM

GEMS AMBULANCE / LIC # 786

Date: October 01, 2014
Inspector: Travis Wilson
Outcome: Passed
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: For Profit - EMS
Veh Inspect Only?: N

PROVIDER INSPECTION SUMMARY:

Unit 104 inspected, needs to be added in web management.

Med Control Hospital: L V STABLER MEMORIAL HOSPITAL

Drug Summary:

Drug Area Locked: Yes  Space Allocation: Adequate  Outdated Storage: Yes
Sanitation: Excellent  ALS Inventory Log: Yes  Area Secured: Secured
Ventilation: Adequate  ALS Inventory Secure: Yes  Biohazard Plan: Yes
License Displayed: Yes  Personnel Records Filed: Yes  PCRs Properly Stored: Yes

VEHICLE INSPECTION SUMMARY:

Vehicle GEMS 103: Mechanical
Vehicle GEMS 102: Passed
Vehicle GEMS 101: Passed

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

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Inspector

Provider Representative

01/08/2015
Date: August 11, 2014  
Inspector: Vickie Turner  
Outcome: Passed with Deficiencies  
ALS/BLS: BLS  

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<th>Med Control Hospital:</th>
<th>COOSA VALLEY BAPTIST MEDICAL CENTER</th>
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### DRUG SUMMARY:

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<td>Biohazard Plan:</td>
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| License Displayed:    | Yes                  | Personnel Records Filed: | Yes |
|                       |                      | PCRs Properly Stored:    | Yes |

### VEHICLE INSPECTION SUMMARY:

**Vehicle 002: Failed**
- Load Lights, Patient Restraints (1 set), Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2), Cervical Immobilization Device (CID) (2), Bag-Valve Mask (BVM) (2)/Adult, Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1), Oral Glucose Paste (1), Aspirin (1 bottle), Automatic External Defibrillator (AED) Device (1)/Pediatric, Arterial Tourniquet (1)/Adult, Current Protocol Book, Sheets, Blankets, and Pillows (2 each)

**Vehicle 001: Passed with Deficiencies**
- Hemostatic Agents (2), Chest Seal (1), Cervical Immobilization Device (CID) (2), Bag-Valve Mask (BVM) (2)/Adult, Portable Suction (Battery Operated) (1), O.P.A. (sizes 0-5) (1 set)/A/P/I, Face Mask and Eye Protection (3), Aspirin (1 bottle), Arterial Tourniquet (1)/Adult, Current Protocol Book

---

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---

Inspector  
Provider Representative

01/08/2015
# PROVIDER INSPECTION FORM

**OFFICE OF EMS AND TRAUMA**

**GUNTERSVILLE FIRE & RESCUE / LIC # 253**

---

**Date:** September 25, 2014  
**Inspector:** Vickie Turner  
**Outcome:** Passed with Deficiencies  
**ALS/BLS:** ALS1

<table>
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<th>Veh Inspect Only?</th>
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<td>Owner Type</td>
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**Med Control Hospital:** MARSHALL MEDICAL CENTER NORTH

### DRUG SUMMARY:

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<tr>
<td>Sanitation</td>
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<td>ALS Inventory Log</td>
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<td>ALS Inventory Secure</td>
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<td>Biohazard Plan</td>
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| License Displayed | Yes  | Personnel Records Filed | Yes  | PCRs Properly Stored | Yes |

### VEHICLE INSPECTION SUMMARY:

**Vehicle RESCUE 1: Passed with Deficiencies**

- Hemostatic Agents (2), Bag-Valve Mask (BVM) (2)/Adult, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Face Mask and Eye Protection (2), Stylettes (2)/Pediatric, Thiamine
- Did not have thiamine

**Vehicle RESCUE 2: Passed with Deficiencies**

- Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Adult, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, ET Tubes 2.0mm-3.5mm (uncuffed) (3)/Infant, ET Tubes 4.0mm-5.5mm (cuffed or uncuffed) (3)/Pediatric

---

*I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.*

---

**Inspector**

**Provider Representative**

01/08/2015
PROVIDER INSPECTION FORM

HIGHLAND HOME FIRE & RESCUE / LIC # 274

Date: September 18, 2014
Inspector: Travis Wilson
Outcome: Passed with Deficiencies
ALS/BLS: ALS3

Air Medical ALS: N
Transport: Non Transport
Owner Type: Non-Profit - Fire
Veh Inspect Only?: N

Med Control Hospital: CRENSHAW COMMUNITY HOSPITAL

DRUG SUMMARY:

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<td>Sanitation:</td>
<td>Excellent</td>
<td>ALS Inventory Log:</td>
<td>Yes</td>
<td>Area Secured:</td>
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<tr>
<td>Ventilation:</td>
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<td>ALS Inventory Secure:</td>
<td>Yes</td>
<td>Biohazard Plan:</td>
<td></td>
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</tbody>
</table>

License Displayed: Personnel Records Filed: PCRs Properly Stored:

VEHICLE INSPECTION SUMMARY:

Vehicle 675:
Chest Seal (1), Blood Pressure Cuff (1)/Adult, Blanket (2), Naloxone (equivalent Narcan), Normal Saline
Poor inspection Narcan expired 9/14

Vehicle 651: Not Inspected

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, et.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

I:\\Signature\\ Inspector

Provider Representative

01/08/2015
OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM

KELLYTON FIRE & RESCUE / LIC # 919

Date: August 11, 2014
Inspector: Vickie Turner
Outcome: Passed with Deficiencies
ALS/BLS: ALS1

Air Medical ALS: N
Transport: Transport
Owner Type: Non-Profit - EMS
Veh Inspect Only?: N

Med Control Hospital: RUSSELL MEDICAL CENTER

DRUG SUMMARY:

Drug Area Locked: Good
Space Allocation: Adequate
Sanitation: Good
ALS Inventory Log: Adequate
Temperature: Adequate
ALS Log Secure: Adequate
Ventilation: Adequate
ALS Inventory Secure: Adequate
Op Manual for Drugs: Biohazard Plan:
License Displayed: Personnel Records Filed: PCRs Properly Stored:

VEHICLE INSPECTION SUMMARY:

Vehicle 01: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Oral Glucose Paste (1), Diphenhydramine
2 oral glucose 1/14 3 Diphenhydramine

Vehicle 2: Not Inspected

Vehicle 03: Passed with Deficiencies
Portable Oxygen Tanks (D or E) with Regulator (2), Bag-Valve Mask (BVM) (2)/Pediatric, Pen Light (2), Micro and Macro Administration Sets (3 each), Diphenhydramine
3 Ben 8/1/2014

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[Signature]
Provider Representative

01/08/2015
**PROVIDER INSPECTION FORM**

**LIFEGUARD AMBULANCE SERVICE - MOBILE / LIC # 1062**

<table>
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<th>September 22, 2014</th>
<th>Air Medical ALS:</th>
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</thead>
<tbody>
<tr>
<td>Inspector:</td>
<td>Vickie Turner</td>
<td>Transport:</td>
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<td>Outcome:</td>
<td>Passed with Deficiencies</td>
<td>Owner Type:</td>
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<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>N</td>
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**Med Control Hospital:**

**DRUG SUMMARY:**

<table>
<thead>
<tr>
<th>Drug Area Locked:</th>
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<th>Space Allocation:</th>
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<tbody>
<tr>
<td>Sanitation:</td>
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<td>ALS Inventory Secure:</td>
<td>Yes</td>
<td>Biohazard Plan:</td>
<td>Yes</td>
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</tbody>
</table>

| License Displayed: | Yes | Personnel Records Filed: | Yes | PCRs Properly Stored: | Yes |

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I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, c.t.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

---

Inspection

Provider Representative

01/08/2015
VEHICLE INSPECTION SUMMARY:

Vehicle 801: Passed

Vehicle 802: Passed with Deficiencies
Bag-Valve Mask (BVM) (2)/Infant, Intraosseous (IO) Infusion Needles (1)/Pediatric

Vehicle 806: Not Inspected

Vehicle 814: Passed with Deficiencies
Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, N.P.A. (12-34 fr) (6 Assorted)/A/P/I

Vehicle 800: Not Inspected

Vehicle 804: Passed with Deficiencies
Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant

Vehicle 805: Not Inspected

Vehicle 807: Not Inspected

Vehicle 808: Not Inspected

Vehicle 809: Passed with Deficiencies
Emergency Lights, Magill Forceps (1)/Adult, Nebulizer (1)/Pediatric
one light on the light bar in front

Vehicle 810: Passed

Vehicle 811: Not Inspected

Vehicle 812: Passed with Deficiencies
Chest Seal (1), Pulse Oximetry (1)/Pediatric

Vehicle 813: Not Inspected

Vehicle 815: Passed with Deficiencies
Multi-trauma Dressings (2), Pulse Oximetry (1)/Pediatric, Arterial Tourniquet (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric
Seats in the pt compartment need to be repaired

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative

01/08/2015
Vehicle 190: Not Inspected

Vehicle 404/803: Passed with Deficiencies
Back-Up/Brake Lights, Intraosseous (IO) Infusion Needles (1)/Adult

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

_____________________________  ______________________________
Inspector                                  Provider Representative

01/08/2015
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**VEHICLE INSPECTION SUMMARY:**

Vehicle R-26: Not Inspected

Vehicle R-7: Passed
Nasal Cannulae with Tubing (3)/Infant

Vehicle R-1: Passed with Deficiencies
Hemostatic Agents (2), Nasal Cannulae with Tubing (3)/Infant
Bench seat needs to be repaired and morphine log missing a signature

Vehicle R-18: Not Inspected

Vehicle R-6: Passed with Deficiencies
Hemostatic Agents (2), Nasal Cannulae with Tubing (3)/Infant
Morphine log has gaps missing where the paramedic signs on and off

Vehicle R-24: Passed
Nasal Cannulae with Tubing (3)/Infant

Vehicle R-28:
Load Lights, Hemostatic Agents (2), Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Infant

Vehicle R-9: Not Inspected

Vehicle Rescue 3: Not Inspected

Vehicle R-14: Passed with Deficiencies
Patient Restraints (1 set), Non-Rebreathing Mask with Tubing (3)/Pediatric, Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Pediatric, Nasal Cannulae with Tubing (3)/Infant, Tracheotomy Mask (1)/Pediatric

Vehicle R-10: Not Inspected

Vehicle R-2: Not Inspected

Vehicle R-4: Not Inspected

Vehicle R-5: Not Inspected

Vehicle R-11: Not Inspected

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Inspector

Provider Representative

01/08/2015
<table>
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<tr>
<th>Vehicle</th>
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<tbody>
<tr>
<td>R-8</td>
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<tr>
<td>R-22</td>
<td>Passed with Deficiencies</td>
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<tr>
<td>Stethoscope (1)/Pediatric, Nasal Cannulae with Tubing (3)/Infant</td>
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<tr>
<td>Eng-15</td>
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<td>Eng-20</td>
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<td>Eng-22</td>
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<td>Eng-6</td>
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<td>Eng-14</td>
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<td>Eng-11</td>
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<td>Eng-8</td>
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<td>R-23</td>
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<tr>
<td>Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, N.P.A. (12-34 fr) (6 Assorted)/A/P/I</td>
<td></td>
</tr>
</tbody>
</table>

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[Signature]

Inspector

Provider Representative

01/08/2015
PROVIDER INSPECTION FORM

NEW SITE VOLUNTEER FIRE AND AMBULANCE SERVICE / LIC # 322

Date: July 14, 2014  Air Medical ALS: N
Inspector: Vickie Turner  Transport: Transport
Outcome: Passed with Deficiencies  Owner Type: City - EMS
ALS/BLS: BLS  Veh Inspect Only?: N

PROVIDER INSPECTION SUMMARY:

Personnel records need to be updated and at the station.
EPCR's need to be stored in a secure location at the station and not at home
Non compliance with entering in EPCR's
Web management and paper work for the station license needs to be updated
Personnel roster needs to be updated
I will follow up with you in 7 days to see that all deficiencies have been corrected

Med Control Hospital: RUSSELL MEDICAL CENTER

DRUG SUMMARY:

<table>
<thead>
<tr>
<th>Drug Area Locked:</th>
<th>Space Allocation:</th>
<th>Outdated Storage:</th>
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<td>Yes</td>
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<tr>
<th>Sanitation:</th>
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<th>Area Secured:</th>
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<tbody>
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<th>Temperature:</th>
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<th>Ventilation:</th>
<th>ALS Inventory Secure:</th>
<th>Biohazard Plan:</th>
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<tbody>
<tr>
<td>Adequate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

License Displayed: Yes  Personnel Records Filed: No  PCRrs Properly Stored: No

VEHICLE INSPECTION SUMMARY:

Vehicle 8: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Magill Forceps (1)/Adult, Aspirin (1 bottle)

Vehicle 8: Not Inspected

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector  Provider Representative

01/08/2015
PROVIDER INSPECTION SUMMARY:

Spoke with Mr. Sutton after the inspection, advised him of my findings. I let Mr. Sutton know that the tires need to be replaced immediately and that I would need a copy of the service work done to the vehicle.

It was also found that the service is not submitting electronic patient care records to the OEMS, this will need to be corrected immediately.

Med Control Hospital: NORTH BALDWIN INFIRMARY

### DRUG SUMMARY:

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<td>Ventilation:</td>
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<td>ALS Inventory Secure:</td>
<td>Yes</td>
<td>Biohazard Plan:</td>
<td>Yes</td>
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</tbody>
</table>

License Displayed: Yes  Personnel Records Filed: Yes  PCRs Properly Stored: Yes

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VEHICLE INSPECTION SUMMARY:

Vehicle MED 21: Mechanical

Vehicle MED 22: Mechanical

Vehicle MED20: Passed with Deficiencies

Tires, Diazepam (equivalent to Valium) or Lorazepam or both, **Morphine Sulfate (must be in PFS, 30mg maximum), Sodium Bicarbonate

Driver side outside tire and passenger side inside tire needs to be replaced.

Diazepam out of date 10/1/2014, had Lorazepam also that was in date. Sodium Bicarb out of date 10/1/2014, stated it was back ordered, they had no replacement. No Morphine stated it was back ordered.

Vehicle MED 25: Passed with Deficiencies

Diazepam (equivalent to Valium) or Lorazepam or both, Sodium Bicarbonate

Diazepam out of date 10/1/2014, had Lorazepam also that was in date. Sodium Bicarb out of date 10/1/2014, stated it was back ordered, they had no replacement.

Vehicle MED24: Passed with Deficiencies

Diazepam (equivalent to Valium) or Lorazepam or both, **Morphine Sulfate (must be in PFS, 30mg maximum), Sodium Bicarbonate

Diazepam out of date 10/1/2014, had Lorazepam also that was in date. Sodium Bicarb out of date 10/1/2014, stated it was back ordered, they had no replacement. No Morphine stated it was back ordered.

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

_____________________________  ______________________________
Inspector                                           Provider Representative
01/08/2015
Date: October 16, 2014
Inspector: Vickie Turner
Outcome: ALS1

Vehicle 1: Passed with Deficiencies
Magill Forceps (1)/Adult, Micro and Macro Administration Sets (3 each), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric, Wave Form Capnography (required by June 2013) (1), Haloperidol
Need to have Wave form Capnography by Monday 10/17/14

Vehicle 2: Failed
Heat/AC F/R

Vehicle 3: Not Inspected
out of service

Med Control Hospital: RUSSELLVILLE HOSPITAL

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector
Provider Representative
VEHICLE INSPECTION SUMMARY:

Vehicle 02: Passed with Deficiencies
Bag-Valve Mask (BVM) (2)/Adult, Wave Form Capnography (required by June 2013) (1), Normal Saline
Normal Saline (1) exp 9/1/2014
Captain seat needs to be repaired

Vehicle 08: Not Inspected
In shop

Vehicle 16: Not Inspected
Out of service

Vehicle 10: Failed
Heat/AC F/R, Furosemide (equivalent to Lasix), Lidocaine HCL (equivalent to Xylocaine) Bolus, Sodium Bicarbonate
Furosemide (1) exp 9/14, Lidocaine (4) exp 9/14, Sodium Bicarbonate (2) exp 10/1/2014

Vehicle 07: Failed
Back-Up/Brake Lights, Heat/AC F/R

Vehicle 21: Not Inspected
Out of Service

Vehicle 19: Not Inspected
In shop

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[Signature]

Inspector

01/08/2015

Provider Representative
**PROVIDER INSPECTION FORM**

**OFFICE OF EMS AND TRAUMA**

**SARALAND FIRE RESCUE DEPARTMENT / LIC # 360**

<table>
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<tr>
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<td>Owner Type:</td>
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<td>ALS/BLS</td>
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<td>Veh Inspect Only?:</td>
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**Med Control Hospital:** USA MEDICAL CENTER

**DRUG SUMMARY:**

<table>
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<tr>
<th>Drug Area Locked:</th>
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<th>Space Allocation:</th>
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<tr>
<td>Sanitation:</td>
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<td>ALS Inventory Log:</td>
<td>Yes</td>
<td>Area Secured:</td>
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<td>Ventilation:</td>
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<td>ALS Inventory Secure:</td>
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<td>Biohazard Plan:</td>
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**License Displayed:** Yes  **Personnel Records Filed:** Yes  **PCRs Properly Stored:** Yes

**VEHICLE INSPECTION SUMMARY:**

- **Vehicle E-43:** Not Inspected
- **Vehicle E-42:** Not Inspected
- **Vehicle R-41:** Passed with Deficiencies
  - Multi-trauma Dressings (2), Hemostatic Agents (2), Burn Sheets (2), Face Mask and Eye Protection (2), Bougie Device (1)/Adult
- **Vehicle E-41:** Not Inspected

---

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---

*Vickie Turner*

01/08/2015
PROVIDER INSPECTION FORM

SHOALS AMBULANCE - FRANKLIN / LIC # 1071

<table>
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<th>Date:</th>
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<tr>
<td>Outcome:</td>
<td>Passed with Deficiencies</td>
<td>Owner Type:</td>
<td>For Profit - EMS</td>
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<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>N</td>
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</table>

Med Control Hospital: ELIZA COFFEE MEMORIAL

**DRUG SUMMARY:**

- Drug Area Locked: Yes
- Space Allocation: Adequate
- Sanitation: Good
- ALS Inventory Log: Yes
- Temperature: Adequate
- ALS Log Secure: Secured
- Ventilation: Adequate
- ALS Inventory Secure: Yes
- Outdated Storage: No
- Area Secured: Secured
- Op Manual for Drugs: Yes
- Biohazard Plan: 

<table>
<thead>
<tr>
<th>License Displayed:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Records Filed:</td>
<td>PCRs Properly Stored: Yes</td>
</tr>
</tbody>
</table>

**VEHICLE INSPECTION SUMMARY:**

- Vehicle 401: Passed

- Vehicle 402: Passed with Deficiencies
  - Bag-Valve Mask (BVM) (2)/Infant, Face Mask and Eye Protection (3)

- Vehicle 403: Passed

- Vehicle 404: Passed
  - **Vasopressin**
  - Vasopressin (2) exp 9/14
  - Amiodarone (3) 7/14

---

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

**Signature:**

Inspector

Provider Representative

01/08/2015
## PROVIDER INSPECTION FORM

### TALLAPOOSA EMERGENCY MEDICAL SERVICE / LIC # 895

<table>
<thead>
<tr>
<th>Date:</th>
<th>July 14, 2014</th>
<th>Air Medical ALS:</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Inspector:</td>
<td>Vickie Turner</td>
<td>Transport:</td>
<td>Transport</td>
</tr>
<tr>
<td>Outcome:</td>
<td>Passed with Deficiencies</td>
<td>Owner Type:</td>
<td>For Profit - EMS</td>
</tr>
<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>N</td>
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</tbody>
</table>

**Med Control Hospital:** RUSSELL MEDICAL CENTER

### DRUG SUMMARY:

<table>
<thead>
<tr>
<th>Drug Area Locked:</th>
<th>Yes</th>
<th>Space Allocation:</th>
<th>Adequate</th>
<th>Outdated Storage:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitation:</td>
<td>Good</td>
<td>ALS Inventory Log:</td>
<td>Yes</td>
<td>Area Secured:</td>
<td>Secured</td>
</tr>
<tr>
<td>Ventilation:</td>
<td>Adequate</td>
<td>ALS Inventory Secure:</td>
<td>Yes</td>
<td>Biohazard Plan:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**License Displayed:** Yes  **Personnel Records Filed:** Yes  **PCRs Properly Stored:** Yes

### VEHICLE INSPECTION SUMMARY:

**Vehicle 505:** Passed with Deficiencies  
Long Spine Board Straps (6), Portable Suction (Battery Operated) (1)

**Vehicle 511:** Passed with Deficiencies  
Turn Signals, Bag-Valve Mask (BVM) (2)/Pediatric, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, IV Pressure Infuser (1)

**Vehicle 512:** Passed with Deficiencies  
Long Spine Board Straps (6), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1)

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Inspector  
Provider Representative  
01/08/2015