



## AMSTAR EMERGENCY MEDICAL SERVICES - MARENGO / LIC # 988

| Date:August 19, 2016Inspector:Jamie GrayOutcome:Passed with DeficienciesALS/BLS:ALS1 | Air Medical ALS:<br>Transport:<br>Owner Type:<br>Veh Inspect Only?: | N<br>Transport<br>For Profit - EMS<br>N |
|--|---|---|
|--|---|---|

PROVIDER INSPECTION SUMMARY:

Web management needs to be updated.

Unit 474-BLS-Passed with deficiencies Emergency lights out Pt compartment lights out

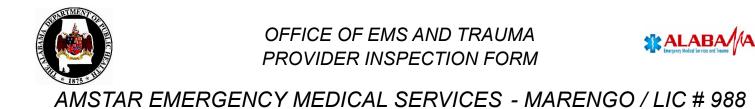
| Med Control Hospital:  | SELMA VA                            | UGHAN   |                            |   |                              |
|--|-------------------------------------|---|----------------------------|---|------------------------------|
| Drug Area Locked:<br>Sanitation:<br>Temperature:<br>Ventilation: | Yes<br>Good<br>Adequate<br>Adequate | Space Allocation:<br>ALS Inventory Log:<br>ALS Log Secure:<br>ALS Inventory Secure: | Adequate<br>Yes<br>Secured | Outdated Storage:<br>Area Secured:<br>Op Manual for Drugs:<br>Biohazard Plan: | Yes<br>Secured<br>Yes<br>Yes |
| License Displayed:   | Yes                                 | Personnel Records Filed:  |                            | PCRs Properly Stored:   |                              |

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.

Kny

Provider Representative

Inspector



| VEHICL  | E INSPECTION SUMMARY:  |
|---------|--|
| Vehicle | 482: Passed  |
| Vehicle | 483: Mechanical  |
| Vehicle | 484: Mechanical  |
| Vehicle | 485: Mechanical  |
|         | 486: Passed with Deficiencies<br>s 4.0mm-5.5mm (cuffed or uncuffed) (3)/Pediatric, ET Tubes 6.0mm-9.0mm (cuffed) (3)/Adult |
| Vehicle | 491: Passed  |
| Vehicle | 492: Mechanical  |
| Vehicle | 481: Mechanical  |
| Vehicle | 487: Verify Roster   |
| Vehicle | 471: Mechanical  |
| Vehicle | 472: 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.

Kny

Provider Representative