



OFFICE OF EMS AND TRAUMA  
PROVIDER INSPECTION FORM



CHILDERSBURG AMBULANCE SERVICE / LIC # 159

Date:	February 18, 2015	Air Medical ALS:	N
Inspector:	Vickie Turner	Transport:	Transport
Outcome:	Passed with Deficiencies	Owner Type:	City - EMS
ALS/BLS:	ALS1	Veh Inspect Only?:	Y

Med Control Hospital: COOSA VALLEY MEDICAL CENTER

VEHICLE INSPECTION SUMMARY:

Vehicle 1474: Passed with Deficiencies

Tires, Pulse Oximetry (1)/Pediatric, Magill Forceps (1)/Pediatric, Pedi Wheel or Tape (1), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric, Bougie Device (1)/Adult, Sheets, Blankets, and Pillows (2 each)  
one light on the back not working

Vehicle 1473: Not Inspected

Out of service

Vehicle 1472: Passed with Deficiencies

N.P.A. (12-34 fr) (6 Assorted)/A/P/I, Intraosseous (IO) Infusion Needles (1)/Pediatric, Wave Form Capnography (required by June 2013) (1), Sheets, Blankets, and Pillows (2 each)

Vehicle 1471: Failed

Emergency Lights, Tires, Heat/AC F/R  
One light on the back not working

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