



OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM



GREG'S AMBULANCE SERVICE / LIC # 725

Date: June 19, 2015
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: LAWRENCE MEDICAL CENTER

DRUG SUMMARY:

Drug Area Locked: Space Allocation: Outdated Storage:
Sanitation: ALS Inventory Log: Area Secured:
Temperature: ALS Log Secure: Op Manual for Drugs:
Ventilation: ALS Inventory Secure: Biohazard Plan:

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

VEHICLE INSPECTION SUMMARY:

Vehicle LA56: Passed with Deficiencies
Emergency Lights, Face Mask and Eye Protection (3), Biohazard Waste Bags (2), Intraosseous (IO) Infusion Needles (1)/Adult, Intraosseous (IO) Infusion Needles (1)/Pediatric

Vehicle LA51: Mechanical

Vehicle LA53: Passed with Deficiencies
Continuous Positive Airway Pressure (CPAP) Device (1)

Vehicle LA54: Failed
Tires, Bag-Valve Mask (BVM) (2)/Infant, Face Mask and Eye Protection (3)

Vehicle LA52: Passed

Vehicle LA-55: Mechanical

Vehicle LA57: Passed with Deficiencies
Tires, Hemostatic Agents (2)

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