<table>
<thead>
<tr>
<th>Date:</th>
<th>April 24, 2014</th>
<th>Air Medical ALS:</th>
<th>N</th>
</tr>
</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>Non-Profit - Hospital</td>
</tr>
<tr>
<td>ALS/BLS:</td>
<td>ALS1</td>
<td>Veh Inspect Only?:</td>
<td>Y</td>
</tr>
</tbody>
</table>

Med Control Hospital: HIGHLANDS MEDICAL CENTER

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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, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

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Vickie Turner  
07/09/2014

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Provider Representative
VEHICLE INSPECTION SUMMARY:

Vehicle 27: Passed with Deficiencies
Hemostatic Agents (2), Intraosseous (IO) Infusion Needles (1)/Pediatric, Pulse Oximetry (1)/Pediatric

Vehicle 28: Passed with Deficiencies
Emergency Lights, Hemostatic Agents (2), Pulse Oximetry (1)/Pediatric, Pedi Wheel or Tape (1), Micro and Macro Administration Sets (3 each), Laryngoscope Blades (Miller size 0, 1, 2, 3, 4 & Macintosh sizes 1, 2, 3, 4) (1 set of each)/A/P/I, Stylettes (2)/Pediatric

Vehicle 22:
Emergency Lights, Hemostatic Agents (2), Chest Seal (1), Patient Rain Cover (2), Pulse Oximetry (1)/Pediatric, Arterial Tourniquet (1)/Adult, CO2 Monitoring Equipment (2)/Adult, CO2 Monitoring Equipment (2)/Pediatric, Intraosseous (IO) Infusion Needles (1)/Adult

Vehicle 30: Failed
Heat/AC F/R
Back bumper needs to be fixed

Vehicle 31: Passed with Deficiencies
Hemostatic Agents (2), Pulse Oximetry (1)/Pediatric, Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1), Laryngoscope Handle Batteries (extra) (1 set)

Vehicle R 5: Not Inspected
out of service

Vehicle 26: Passed with Deficiencies
Hemostatic Agents (2), Magill Forceps (1)/Pediatric, Stylettes (2)/Pediatric

Vehicle 25: Passed with Deficiencies
Patient Rain Cover (2), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Magill Forceps (1)/Adult

Vehicle 29: Failed
Heat/AC F/R, Hemostatic Agents (2), Intraosseous (IO) Infusion Needles (1)/Pediatric

Vehicle 17: Not Inspected

Vehicle 5: Not Inspected

Vehicle 6: Not Inspected

Vehicle 20: Not Inspected

Vehicle 21: Not Inspected

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[Signature]
Inspector

07/09/2014

[Signature]
Provider Representative

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