



OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM



MCADORY FIRE DEPARTMENT / LIC # 501

Date:	October 19, 2016	Air Medical ALS:	N
Inspector:	Beverly Edwards	Transport:	Transport
Outcome:		Owner Type:	County - Fire
ALS/BLS:	ALS1	Veh Inspect Only?:	N

Med Control Hospital: U A B MEDICAL WEST

Drug Area Locked:	Yes	Space Allocation:	Adequate	Outdated Storage:	Yes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

License Displayed:	Yes	Personnel Records Filed:	Yes	PCRs Properly Stored:	Yes
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VEHICLE INSPECTION SUMMARY:

Vehicle 611: Passed

Vehicle 601: Passed

Vehicle 602: 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.

Inspector

Provider Representative