



OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM



SYLACAUGA AMBULANCE SERVICE / LIC # 389

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

Med Control Hospital: COOSA VALLEY MEDICAL CENTER

VEHICLE INSPECTION SUMMARY:

Vehicle SA 6: Not Inspected

Vehicle SA 100: Not Inspected

Vehicle SA 2: Not Inspected

Vehicle 3173: Passed with Deficiencies

lights in patient compartment need fixed

Vehicle SA 7: Not Inspected

Vehicle SA-8: Failed

Lights in the patient compartment needs to be fixed, truck won't shift properly and loses speed up hills, and inverter needs to be fixed

Vehicle SA 1: Failed

Emergency Lights, Wave Form Capnography (required by June 2013) (1), ABC Fire Extinguisher (1) missing a light on the front of truck, strip at the back door on the floor needs to be fixed again, there is a light not working in the patient compartment, holes in floor need to be sealed up, leaking transmission fluid and won't shift properly, and shifter needs fixed

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

February 23, 20

1/1