PROVIDER INSPECTION FORM

TALLAPOOSA EMERGENCY MEDICAL SERVICE / LIC # 895

Vickie Turner
ALS/BLS: ALS1
Outcome: Passed with Deficiencies

Med Control Hospital: RUSSELL MEDICAL CENTER

Inspector: Vickie Turner

VEHICLE INSPECTION SUMMARY:

Vehicle 505: Passed with Deficiencies
Long Spine Board Straps (6), Portable Suction (Battery Operated) (1)

Vehicle 511: Passed with Deficiencies
Turn Signals, Bag-Valve Mask (BVM) (2)/Pediatric, N.P.A. (12-34 fr) (6 Assorted)/A/P/I, IV Pressure Infuser (1)

Vehicle 512: Passed with Deficiencies
Long Spine Board Straps (6), Bag-Valve Mask (BVM) (2)/Pediatric, Bag-Valve Mask (BVM) (2)/Infant, Portable Suction (Battery Operated) (1)

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

Signature

01/08/2015