



OFFICE OF EMS AND TRAUMA  
PROVIDER INSPECTION FORM



TRANSCARE AMBULANCE SERVICE - LAMAR / LIC # 976

Date:	June 09, 2015	Air Medical ALS:	N
Inspector:	Vickie Turner	Transport:	Transport
Outcome:	Passed with Deficiencies	Owner Type:	For Profit - EMS
ALS/BLS:	ALS1	Veh Inspect Only?:	Y

Med Control Hospital: DCH MEDICAL CENTER

**VEHICLE INSPECTION SUMMARY:**

*Vehicle 47: Passed with Deficiencies  
Bag-Valve Mask (BVM) (2)/Adult, Burn Sheets (2), Normal Saline  
Normal Saline 1 expired 10/14*

*Vehicle 52: Passed with Deficiencies  
Non-Rebreathing Mask with Tubing (3)/Infant, Nasal Cannulae with Tubing (3)/Infant, Bag-Valve Mask (BVM) (2)/Pediatric, Wave Form Capnography  
(required by June 2013) (1)  
Did not have the attachment for the wave form (corrected)*

*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