Office of EMS and Trauma
AMBULANCE INSPECTION REPORT

Service ID# _____ **Name of Service** _____ **Date** _____
City _____ **County** _____ **Tag #** _____ **Vehicle Year** _____

Unit # _____ **Vehicle Make** _____ **VIN** _____

Ambulance Type: 1☐ 2☐ 3☐ **Inspection:** Initial License☐ Follow-Up☐ Investigation☐ Periodic☐
Inspection Code: ✓= Complaint **Sanitation:** Excellent☐ Good☐ Fair☐ Unsatisfactory☐
○= Deficiency **Unit Grounded:** Yes☐ No☐

INTERIOR / EXTERIOR					
"Ambulance" F/R		Turn Signals		Heat/AC F/R	
Service Name on Sides		Windows		Radio: VHF/UHF	
Emergency Lights		Windshield		Siren & Horn	
Load Lights		Wipers		Seat Belts F/R	
Back-Up/Brake Lights		Mirrors		No Smoking Signs F/R	
Head/Taillights		Tires		Vehicle Permit Attached	
REUSABLE EQUIPMENT					
Rescue Equipment		On-Board O2 w/500 PSI (Min. M Cyl) (1)		Shears (1)	
Reflectors/Flares (3)		Portable O2 w/1000 PSI (D or E Cyl) (2)		Pt. Rain Cover (1)	
Assorted Splints (2 of each)		Funct. On-Board Suction W/Tips		Flashlight-D Cell (1)	
Traction Splint (1)		Portable Suction w/Tips (1)		B/P Cuff A/P (1 each)	
Long Board (1) w/straps (3 sets)		Pt. Restraints (Arms & Legs)		Stethoscope A/P (1 each)	
Short Board (1) w/straps (2 sets)		Glucometer (1)		Fire Ext. 2.5 lb ABC (1)	
Stretcher w/belts (2 sets)		Pulse Oximeter (1)		Monitor/Defribrillator	
DISPOSABLE					
Trauma Dressings (Large) (2)		Nasopharyngeal Airways		Pillows w/Cases (2)	
Abdominal Pads (5x9) (6)		Oralpharyngeal Airways		Emesis Container (1)	
Gauze Pads (4x4) (50)		Burn Sheets (2)		Bed Pan (1)	
Vaseline Gauze (2)		Sterile OB Kit (1)		Urinal (1)	
Tri-Bandages (2)		A/P B-V w/ A/P/I masks (1 each)		Sharps Container (1)	
Soft Bandages (Kling) (10)		NR Masks A/P/I (2 each)		Activated Charcoal (1)	
Latex Gloves		Trach. Mask A/P (2 each)		Glucose Paste (1)	
Goggles or equivalent (1/crew memb)		Nasal Cannulae A/P (2 each)		Assorted Adhesive Tape (3 rolls)	
Face Masks (1/crew memb)		Bite Sticks/Blocks (2)		Assorted C-Collars	
Biohazard Bags (1)		Sheets/Blankets (2)		CID's (1 each)	
ALS EQUIPMENT (For ALS Services Only)					
Laryngoscope (1)		Micro/Macro Drip Sets		I V Pressure Infuser (1)	
Extra Batteries		I V Cannulae (14-24) (2 each)		Tourniquets (3)	
Laryng. Blades A(1-4)/P(2-3)/1(00-1) (1 each)		Butterfly Needles (19 to 25) (6)		I O needles (2)	
E T 3mm-5mm (2)		Needles (19-25) (6)		Blood collection Containers (2)	
E T 5.5mm-7mm (2)		Syringes 1cc (2)		Ped. N G Tube (2)	
E T 7.5mm-9mm (2)		Syringes 2.5 to 6cc (3)		Dual Lumen Airway Device (1)	
IV Normal Saline		Syringes 10-20cc (2)		CO2 Monitoring Equipment (1)	

Comments: _____

_____

_____

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

EMS Representative _____ Provider Representative _____