Water
VEHICLE INSPECTION REPORT
Date: _____
Location: _____

Office of Emergency Medical Services 2707 Mail Service Center Raleigh, NC 27699-2707

PROVIDER INFORMATION	VEHICLE INFORMATION
Provider Name: _____ System Affiliation: _____ Viper ID#: _____	**Current Permit #:** _____ **Registration Number:** _____ **Assigned Vehicle Number:** _____ **Manufacturer (Body):** _____ **Year:** _____

Ramp Inspection Requires Mandatory Items; Spot Inspection A Full Inspection

Mandatory (Automatic Failure) Items:
___ Appropriate Restraints for Crew & Non-patient Passenger
___ Warning Devices (Lights & Siren)
___ Two-Way Radio
___ O2 Cylinder with Regulators (2 Sources)
___ Suction Apparatus (2 Sources)
___ Bag Valve Mask (Adult and Child Size Bags with Adult, Child, Infant & Neonatal Masks)
___ Defibrillator with Adult and PED Pads
___ Sphygmomanometer (Cuffs & Devices) for PED, Normal Adult & Large Adult
___ Stethoscope
___ Trauma Tourniquet
___ Copy of Protocols
___ Vehicle Body & Function
___ Marine Radio
___ Radio Navigational Aids
___ Lighted Compass
___ 360° Beacon Warning Light
___ Appropriate Patient Care Area
___ Floating Litter with Straps (secured)
___ Two Floatable Rigid Long Backboards with Proper Accessories
___ Mounted Fire Extinguisher

Mandatory for Expanded Scope of Practice:
___ Acetaminophen or NSAID
___ Blind Insertion Airway Device with Syringe Detector
___ Beta-agonists (Albuterol, etc.)
___ Nebulizer
___ Aspirin
___ Epinephrine for Anaphylaxis/Allergic Reaction
___ Needles/Syringes
___ Nitroglycerin
___ Naloxone
___ Nasal Administration Device

Required Items:
___ Bulb Syringe (Separate from OB)
___ Nasal Cannula (Adult/PED)
___ Nasopharyngeal Airways (3 Adult & 3 PED Sizes)
___ Oropharyngeal Airways (3 Adult & 3 PED Sizes)
___ Non-rebreather with Tubing (Adult & PED)
___ Rigid Pharyngeal Suction Device
___ Suction Catheters (One Between 6 & 10F)
___ Suction Catheters (One Between 12 & 16F)
___ Suction Tubing
___ Glucose Measuring Device
___ Pulse Oximeter (Adult & PED Sizes)
.

Required Items Continued:
___ Cervical Spine Immobilization Device (S,M, & L)
___ Femur Traction Device (Adult /PED)
___ PED Restraint Device Available to Restrain <40lbs.
___ Pediatric Spinal Immoblization Device or Short Backboard with Straps
___ Head Immobilization Device
___ Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
___ Upper & Lower Extremity Immobilization Devices
___ Burn Sheet
___ Cold Packs
___ Dressings, Bandages, Roll Gauze
___ Triangular Bandages (At Least 2)
___ Heavy Duty Scissors
___ Occlusive Dressing
___ Adhesive Tape
___ Sterile Irrigation Solution
___ Alcohol Wipes
___ Bed Pan
___ Emesis Collection Device
___ Pediatric Medication/Equipment System Guides
___ Lubricating Jelly
___ Sterile OB Kit (Scissors, Bulb Suction, Cord Clamps)
___ Thermal Blanket (or Other Heat Conserving Device)
___ Thermometer (Low Temperature Capability)
___ Triage System
___ Disinfectant Hand Wash/Sanitizer
___ Disinfectant for Cleaning Equipment
___ Disposable Biohazard Trash Bags
___ Infection Control Kit (Mask, Gowns, Jumpsuits, Eye Protection, Shoe Covers)
___ Gloves (Latex Free)
___ Sharps Container (2 Sources)
___ Exterior Cleanliness
___ Interior Cleanliness
___ Medications and Fluid Kept in Climate-Controlled Environment
___ Provider Name Displayed on Each Side

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Missing an entire Mandatory (Automatic Failure) Item may result in summary suspension or refusal of a permit.

If the vehicle has all mandatory equipment (Automatic Failure Items) and missing no more than (2) of the Required Items the vehicle permit will be issued.

Inspection Results
PASSED
≤ 2 missing items = Satisfactory
> 2 missing items = Unsatisfactory

☐ **Deficiencies corrected during inspection**
☐ **Approved**
☐ **Not Approved**
Permit #: _____
Expiration: _____

FAILED
☐ **Refusal of a Permit**
☐ **Failed – Suspension Issued**

Comments: _____
_____
_____

Compliance Inspection: _____ Ramp _____ Spot
Provider Representative: _____

For NCOEMS Use Only:
Inspector: _____

Date Entered in Continuum: _____

PERSONNEL – P#		LEVEL			
#1: _____		EMR	EMT	AEMT	Paramedic
#2: _____		EMR	EMT	AEMT	Paramedic