

Outcome

City of Tomball

Inspection Date:

PASS

FAIL

Ambulance Inspection Report

Ambulance Service Name		Inspector			Inspection Type		
					<input type="checkbox"/> Initial	<input type="checkbox"/> Re-inspection	
					<input type="checkbox"/> Unannounced	<input type="checkbox"/> Renewal	
Vehicle Identification Number	Year	Make	License Plate	Unit #	Odometer	DSHS License #	
Crew Member 1		Level	Crew Member 2		Level	Permit Type	
						<input type="checkbox"/> BLS	<input type="checkbox"/> MICU
						<input type="checkbox"/> ALS	<input type="checkbox"/> Combined

Item	OK	NO	Item	OK	NO
Vehicle Inspection			Patient care compartment		
Headlights High Low all working			DSHS license certificate visible		
Parking Lights front rear operational			Current fee schedule visible		
Turn signals operate properly front and rear			The vehicle shall have a signed and dated list, approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. This list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care of all age ranges appropriate to the needs of their patients. The quantities listed shall be appropriate to the applicants call volume, transport times and restocking capabilities.		
Clearance lights front and rear functioning					
Side marker lights operate properly					
Brake lights operate properly					
Backup lights operate properly					
Backup alarm operates properly					
License plate front and rear and match					
Windshield intact no cracks					
Windshield wipers operate properly					
Inspection sticker within date					
Vehicle registration within date			Vehicle is stocked per the Medical Directors list of equip & supplies		
Valid Insurance card			All medications within date and stored properly		
All windows close properly			Unit checkout and inventory forms completed by assigned crew		
No significant exterior damage (Dangerous situation)			Fire extinguisher		
Doors close and secure properly			No smoking signs, Cab and Patient Compartment		
All external compartments close tightly			Signed and dated protocols		
Emergency equipment functions properly			Battery operated devices must have spare batteries or alt. power		
Rear step intact no damage			The following equipment and supplies shall be present in addition to the medical directors list		
Heat A/C functions properly both front and back			BLS:		
Mirrors Right, Left, Rear			Oropharyngeal airways; Adult, Child, Infant sizes		
Dome Light Cab functions properly			Portable and vehicle mounted suction with tubing and adjuncts		
Instrument panel is illuminated			Bag valve mask units, oxygen capable; Adult, Child, Infant		
Open Door Indicators for both cab and back			Portable and vehicle mounted oxygen; Min 500psi		
Emergency Response Guide Book			Oxygen delivery devices; Adult, Child, Infant		
All equipment mounted and secured properly			Dressing and bandaging materials		
Seatbelts for all seating positions			Rigid cervical immobilization devices; Adult, Child, Infant		
Minimum 1 working flashlight			Spinal immobilization devices		
Emergency flares or triangles			Extremity splints		
Company name Right, Left and Rear of vehicle			Equipment to meet special patient needs, Child car seat, etc...		
Texas DSHS identification number Right and Left			Equipment for determining and monitoring patient vital signs, condition or response to treatment per protocols		
Cab area clean free of clutter, and trash			Automatic External Defibrillator (AED) or equivalent		
Exterior reasonable clean			Patient transport device capable of being secured to the vehicle.		
Patient care area clean, free of clutter and trash			ALS or BLS with ALS capability:		
Exhaust systems must be secured, free of damage, leaks and extend beyond doors and the edge of the vehicle body			All required BLS equipment		
Interior door handles shall be accessible and not obstructed			Advanced airway equipment		
Sufficient cleaning and disinfecting supplies			IV equipment and supplies		
At least 1 set of spare sheets for stretcher			MICU, BLS with MICU capability, ALS with MICU capability:		
At least 1 blanket			All required BLS and ALS equipment		
Comments: Use back of form for additional comments			Cardiac monitor/defibrillator (in lieu of AED).		
			In addition to medical supplies and equipment:		
			Personal protective equipment for the crew to include at least:		
			Protective, non-porous gloves		
			Medical eye protection		
			Medical respiratory protection		
			Medical protective gowns or equivalent		
			Personal cleansing supplies		
			Sharps container		
			Biohazard bags		
Signature of Inspector	Date				

Inspector: Any items that are missing or unacceptable shall constitute a fail and will result in a re-inspection. Items may not be shared between vehicles for the purpose of this inspection.