

Outcome

City of Tomball

Inspection Date:

PASS

FAIL

Ambulance Inspection Report

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

Item	OK	NO
Vehicle Inspection		
Headlights High Low all working		
Parking Lights front rear operational		
Turn signals operate properly front and rear		
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		
Valid Insurance card		
All windows close properly		
No significant exterior damage (Dangerous situation)		
Doors close and secure properly		
All external compartments close tightly		
Emergency equipment functions properly		
Rear step intact no damage		
Heat A/C functions properly both front and back		
Mirrors Right, Left, Rear		
Dome Light Cab functions properly		
Instrument panel is illuminated		
Open Door Indicators for both cab and back		
Emergency Response Guide Book		
All equipment mounted and secured properly		
Seatbelts for all seating positions		
Minimum 1 working flashlight		
Emergency flares or triangles		
Company name Right, Left and Rear of vehicle		
Texas DSHS identification number Right and Left		
Cab area clean free of clutter, and trash		
Exterior reasonable clean		
Patient care area clean, free of clutter and trash		
Exhaust systems must be secured, free of damage, leaks and extend beyond doors and the edge of the vehicle body		
Interior door handles shall be accessible and not obstructed		
Sufficient cleaning and disinfecting supplies		
At least 1 set of spare sheets for stretcher		
At least 1 blanket		

Comments: Use back of form for additional comments

Signature of Inspector _____ Date _____

Item	OK	NO
Patient care compartment		
DSHS license certificate visible		
Current fee schedule visible		
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.		
Vehicle is stocked per the Medical Directors list of equip & supplies		
All medications within date and stored properly		
Unit checkout and inventory forms completed by assigned crew		
Fire extinguisher		
No smoking signs, Cab and Patient Compartment		
Signed and dated protocols		
Battery operated devices must have spare batteries or alt. power		
The following equipment and supplies shall be present in addition to the medical directors list		
BLS:		
Oropharyngeal airways; Adult, Child, Infant sizes		
Portable and vehicle mounted suction with tubing and adjuncts		
Bag valve mask units, oxygen capable; Adult, Child, Infant		
Portable and vehicle mounted oxygen; Min 500psi		
Oxygen delivery devices; Adult, Child, Infant		
Dressing and bandaging materials		
Rigid cervical immobilization devices; Adult, Child, Infant		
Spinal immobilization devices		
Extremity splints		
Equipment to meet special patient needs, Child car seat, etc...		
Equipment for determining and monitoring patient vital signs, condition or response to treatment per protocols		
Automatic External Defibrillator (AED) or equivalent		
Patient transport device capable of being secured to the vehicle.		
ALS or BLS with ALS capability:		
All required BLS equipment		
Advanced airway equipment		
IV equipment and supplies		
MICU, BLS with MICU capability, ALS with MICU capability:		
All required BLS and ALS equipment		
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		

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.