



AMBULANCE INSPECTION APPOINTMENT REQUEST & CONFIRMATION

2017

**Inspections are conducted:
Monday, Wednesday & Friday from 9am to 11am and 2pm to 3pm
By Appointment and upon Availability Only**

Requested Appointment Date & Time:	Provider Name:	EMS License No.:	McAllen License No.:
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VEHICLE DESCRIPTION:
Provider may bring any vehicle that is listed on the City of McAllen Ambulance License & Permit Application.

EMS Personnel assigned to identified unit: **(All personnel arriving in vehicle at time of inspection must be properly identified and must have Driver's License and EMS State License on hand)**
****NOTICE: Once the inspection has begun no personnel, equipment, supplies and/or documents will be allowed to be brought into the vehicle.**

Unit will be inspected using the following:

- Provider's own EXCEL copy of Minimums Supply list signed by their Medical Director (latest copy on file will be used)
- Inspection Report Items List below (this list is NOT inclusive; please review the McAllen's Policies & Procedures manual and McAllen Ambulance Ordinance)

- License Plate Sticker Exp Date: _____
- Vehicle Inspection Report Exp Date: _____
**Must have copy of VIR (www.mytxcar.com)*
- Emergency Warning Devices Operational
- Insurance Card with corresponding VIN# _____
Insurance Card Policy # _____
- Company Name Displayed
- License from State Displayed & Current
- No Smoking Signs Displayed Front & Rear
- Emergency Response Guide Book (2016 version)

- DSHS License Document Certificate # _____
Expiration Date: _____
Designation: BLS ALS MICU ALS W/MICU Capabilities
- Fire Extinguisher Date Inspected: _____ Serial #: _____
- Protocol Book with Doctor Signature
- Minimums Supply List in Protocol with Doctor Signature
- House Oxygen Amount: _____
- Portable Oxygen Amount: _____
- Two Way Communication (Type: _____)

All Battery Powered Items Must be Operational

- Heart Monitor (test strip & serial # _____)
- Extra Battery for Heart Monitor
- AED (serial # _____)
- Extra Battery for AED
- Penlight
- Flashlight
- Extra Battery (for Flashlight)
- Portable Suction
- Extra Container and/or bag(s) _____

- House Suction with bag(s) if applicable _____
- Laryngoscope
- Extra Battery for Laryngoscope
- Glucometer
- Extra Battery for Glucometer
- Strips must have manufactures expiration date _____
- Lancets
- Pulse Oximeter (reading must be taken) _____
- Extra Battery for Pulse Oximeter

I understand that, unless a prior written request to re-schedule or cancel is received no later than one (1) business day before a scheduled appointment, missing or canceling an appointment will be considered a "Failed" inspection and a re-inspection fee of \$25.00 must be paid for any subsequent inspection. Failure to show up within fifteen (15) minutes of a scheduled appointment, it will be considered a 'No Show'.

_____ Date

_____ Signature

I understand that, if the vehicle that will be inspected has a current and valid City of McAllen ambulance permit, it is subject to all the applicable City Ordinances regulating the permitting, inspection, compliance, regulation of Ambulances permitted to operate in the City of McAllen and that with or without prior notice may be inspected and cited for violations at such time by a Code Compliance officer.

_____ Date

_____ Signature

McAllen Fire Dept Staff: Applicant's requested date: Approved Not Approved By: _____ Name

Alternative Appointment date & time (please select one): *(Staff will make note here of any available appointment dates & times for applicant to select from)*

****Once alternative appointment is selected; form must be re-submitted.**