



**AMBULANCE INSPECTION
APPOINTMENT REQUEST &
CONFIRMATION**

2016

**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.:
VEHICLE DESCRIPTION: Unit No.: _____ Make: _____ Year: _____ VIN #: _____ License Plate #: _____		Highest level of designation: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU <input type="checkbox"/> ALS W/MICU Capabilities	
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: <ul style="list-style-type: none"> • Provider's own 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
 Vehicle Inspection Report Form (MUST HAVE COPY OF VIR – WWW.MYTXCAR.COM)
 Insurance Card (Insurance Certificate of Liability will not be accepted must be a vehicle insurance CARD with Policy # and VIN#)
 Company Name Displayed
 License from State Displayed & Current (must be original)
 No Smoking Signs Displayed Front & Rear
 Emergency Response Guide Book (2016 version)

Fire Extinguisher Serial # and Tags Current
 Protocol Book with Minimums Supply List with Doctor's Signature
 House Oxygen
 Portable Oxygen
 Emergency Warning Devices Operational
 Two Way Communication (Type: _____)
 With Hospital (Type: _____)
 With NPSAC Channels (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)
 Laryngoscope

Extra Battery for Laryngoscope
 House Suction with bag(s) if applicable
 Glucometer
 Extra Battery for Glucometer
 Strips must have expiration date visible
 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'.

Signature Date

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.**