



AMBULANCE INSPECTION APPOINTMENT REQUEST & CONFIRMATION

2019

**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 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 #: _____
 5 pound ABC type Mounted
- Protocol Book with Doctor Signature
- Minimums Supply List in Protocol with Doctor Signature
- House Oxygen Amount: _____
- Portable Oxygen Amount: _____
- Two Way Communication (Type: _____)
- 25 Triage Tags

All Battery Powered Items Must be Operational

- Heart Monitor (test strip & serial # _____)
- Extra Battery for Heart Monitor
- AED (serial # _____)
- Extra Battery for AED
- 2 Adult Pads for AED / Heart Monitor
- 2 Pediatric Pads AED / Heart Monitor
- 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'.

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)*