



2021

**AMBULANCE INSPECTION
APPOINTMENT REQUEST &
CONFIRMATION**

**Inspections are conducted:
Monday through 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:
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)**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> License Plate Sticker Exp. Date: _____ <input type="checkbox"/> Vehicle Inspection Report Exp. Date: _____ <i>*Must have copy of VIR (www.mytxcar.com)</i> <input type="checkbox"/> Emergency Warning Devices Operational <input type="checkbox"/> Insurance Card with corresponding VIN# _____ Insurance Card Policy # _____ <input type="checkbox"/> Company Name Displayed <input type="checkbox"/> License from State Displayed & Current <input type="checkbox"/> No Smoking Signs Displayed Front & Rear <input type="checkbox"/> Emergency Response Guide Book (2016 version) | <ul style="list-style-type: none"> <input type="checkbox"/> DSHS License Document Certificate # _____ Expiration Date: _____ Designation: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU <input type="checkbox"/> ALS W/MICU Capabilities <input type="checkbox"/> Fire Extinguisher Date Inspected: _____ Serial #: _____ <li style="padding-left: 20px;"><input type="checkbox"/> 5 pound <input type="checkbox"/> ABC type <input type="checkbox"/> Mounted <input type="checkbox"/> Protocol Book with Doctor Signature <input type="checkbox"/> Minimums Supply List in Protocol with Doctor Signature <input type="checkbox"/> House Oxygen Amount: _____ <input type="checkbox"/> Portable Oxygen Amount: _____ <input type="checkbox"/> Two Way Communication (Type: _____) <input type="checkbox"/> 25 Triage Tags |
|--|---|

All Battery Powered Items Must Be Operational

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Heart Monitor (test strip & serial # _____) <input type="checkbox"/> Extra Battery for Heart Monitor <input type="checkbox"/> AED (serial # _____) <input type="checkbox"/> Extra Battery for AED <input type="checkbox"/> 2 Adult Pads for AED / Heart Monitor <input type="checkbox"/> 2 Pediatric Pads AED / Heart Monitor <input type="checkbox"/> Penlight <input type="checkbox"/> Flashlight <input type="checkbox"/> Extra Battery (for Flashlight) <input type="checkbox"/> Portable Suction | <ul style="list-style-type: none"> <input type="checkbox"/> Extra Container and/or bag(s) _____ <input type="checkbox"/> House Suction with bag(s) if applicable _____ <input type="checkbox"/> Laryngoscope <input type="checkbox"/> Extra Battery for Laryngoscope <input type="checkbox"/> Glucometer <input type="checkbox"/> Extra Battery for Glucometer <input type="checkbox"/> Strips must have manufactures expiration date _____ <input type="checkbox"/> Lancets <input type="checkbox"/> Pulse Oximeter (reading must be taken) _____ <input type="checkbox"/> 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: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ <div style="text-align: right; margin-right: 20px;">Name</div>
Alternative Appointment date & time (please select one): <i>(Staff will make note here of any available appointment dates & times for applicant to select from)</i>

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