



AMBULANCE INSPECTION APPOINTMENT REQUEST & CONFIRMATION

2024

**Inspections are conducted:
Tuesday and Wednesday**
9:00-10:30am 1:30 – 3:00pm
11:00-12:30pm 3:30 - 5:00pm
By Appointment only and upon Availability

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)**

- | | |
|--|---|
| <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 (2020 version) | <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 #: _____
<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

- | | |
|---|--|
| <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 | <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 (3) business days 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.**