



AMBULANCE INSPECTION APPOINTMENT REQUEST & CONFIRMATION

2026

Inspections are conducted:
Tuesday, Wednesday and Thursday
9:00 am -12:00 pm and 1:30 pm, 3.30pm
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)

- ☐ License Plate Sticker Exp. Date: _____
- ☐ 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 (2024 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 (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.**