City of League City Ordinance 2008.26

Ambulance Application & Inspection Report

Ambulance Inspection fees and permits are non-transferable

A non-refundable fee of fifty dollars ($50.00) per application is due at the time of each application. A non-refundable fee of five hundred dollars ($500.00) for services with 15 or more ambulance permit applications. No pro-rated amounts. Check or money order will be accepted payment made out to City of League City. No cash will be accepted.

Permit # Issued _____

Date _____ Permit Year _____ Initial Inspection _____

Re-Inspect #1 _____

Re-Inspect #2 Fee _____

1. Company Information

Firm Name _____

Address _____

Street City Zip

State License # _____ MFG Year _____

License Plate # _____ Model _____

VIN # _____ Type _____

BLS _____ ALS _____ MICU _____ Unit # _____

2. Rules and Regulations

	YES	NO
a. Business name and unit number appears on each side and rear of ambulance in letters not less than three (3) inches in height and 1/2 inch in stroke.		
b. Current motor vehicle inspection sticker		
c. Current motor vehicle license plate front and rear		
d. Functioning headlights, taillights, backup lights, brake lights horn, audible warning device, emergency lights, brakes, and other lights and devices installed on unit		
e. Floor plan permitting rear loading of patient, securing of stretcher and head forward design with additional space for extra supine patient capable of being secured		

	YES	NO
f. Two functional patient compartment doors, one curbside and one rear		
g. A patient compartment seat with a safety belt, which allows direct access to the primary patient		
h. Functional and intact patient compartment windows		
i. Functional heating and air conditioning front and rear		
j. Leak free exhaust system that discharges to the side of the vehicle away from door openings and fuel filter		
k. One five (5) pound ABC fire extinguisher mounted and easily accessible in the front of the cab or inside the patient compartment, if inspected must have current tag		
l. No smoking sign in the vehicle cab compartment		
m. No smoking sign in the patient compartment visible from either entry door		
n. Three 30 minute road flares, triangles or cones		
o. One (1) functional flashlight (excluding penlights) independent of the unit, with spare batteries		

3. Basic Life Support Unit

All equipment must be clean and sterile (if applicable)
Manufacturer equipment must be complete

a. One each sm, med, large, pedi and infant C-Collars or two adjustable		
b. Portable suction with appropriate tubing and suction tip		
c. On-board suction with appropriate tubing and suction tip		
d. One each adult, child, and infant bag-valve mask with mask		
e. Complete set of oropharyngeal airways		
f. On-board oxygen supply with minimum 500 PSI and operative liter dispensing unit		
g. Adequate tubing and masks in adult, child, and infant sizes		

	YES	NO
h. One portable oxygen unit with minimum 800 PSI		
i. Two multi-trauma dressings approximately 10 x 30 inches		
j. One dozen soft roller bandages		
k. Four rolls of adhesive tapes minimum 1/2 inch in size		
l. Minimum of two dozen sterile 4x4 gauze pads		
m. Minimum of six sterile occlusive dressings		
n. Four sterile burn sheets		
o. One traction splint with all attachments for adult and child or or adjustable traction splint for adult and child		
p. Extremity splints adequate for pediatric and adult patients, may be padded, cardboard, aluminum, inflatable, wire or commercial frac pack		
q. One long spine board and one short spine board or commercial substitute		
r. One dozen triangle bandages		
s. Two pair bandage shears		
t. Sterile sealed obstetrical kit		
u. Non porous infant insulating device, may be included with sterile OB kit		
v. One AED with 2 adult and 2 pedi pads and spare battery		
w. An epinephrine auto injector or similar device capable of treating anaphylaxis		
x. One stethoscope		
y. One sharps container		
z. 5 Biohazard bags		
aa. One adult, child and infant sphygmomanometer		

	YES	NO
bb. One multi-level stretcher with 2 clean sheets, blankets and pillow cases if pillows are used		
cc. Two-way radio or telephone communications with hospital		
dd. Other equipment required by protocols		
ee. Current signed copy of protocols, drug and equip list, may be digital		
ff. Current emergency response guidebook, may be digital		
gg. Cross contamination kit or equivalent for every member of the crew including gloves, eye protection, N95 or greater, masks and gowns or equivalent		

3. Advanced Life Support Unit

Includes all basic equipment

a. IV fluids with administration sets in quantities and types specified by protocols		
b. Two 50% dextrose, D 10 or equivalent for hypoglycemia specified by protocols		
c. ET tubes with working laryngoscope and blades as required by protocols		
d. Waveform capnography or other CO2 detection equipment		
e. IV catheters and venipuncture supplies in quantities and sizes required by protocols		
f. Magill forceps for adult and child		
g. Other equipment as required by protocols		

3. Mobile Intensive Care Unit

Includes all basic and ALS equipment

a. Drugs as required by protocols		
b. EKG monitor and defibrillator		
c. Pedi adapter pads or paddles		
d. Electrodes and at least one spare battery		

PASSED _____ FAILED _____ CONDITIONAL _____

Comments _____

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Driver _____ Attendant _____

Citation Issued _____ Citation Issued _____

Warning Issued _____ Warning Issued _____

_____ _____

Inspector Date

_____ _____

Firm Representative Date