Ambulance Permit Application & Inspection Form

Ambulance inspection fees and permits are non-transferable.
A non-refundable permit fee of Fifty dollars ($50) per application is due at the time of each application. *Check, Money Order, or Credit Card will be accepted payable to the City of La Porte.*

Date:_____/_____/_____ Receipt #:_____

1. **Company Information**

Firm Name:_____

Firm Address:_____

City Permit Year:_____ Year:_____

State Permit #:_____ Model:_____

Exp. Date:____/____/____ Vin #:_____

BLS:_____ ALS:_____ MICU:_____ License #:_____

Unit #:_____ Type:_____

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 ½ inch in stroke.	_____	_____
b. Current motor vehicle inspection sticker.	_____	_____
c. Have the name of the provider and a current department issued EMS provider license number prominently displayed on both sides of the vehicle in at least two (2) inch lettering. The letters TX shall precede the license numbers.	_____	_____
d. Current motor vehicle license plate front and rear.	_____	_____

YES NO

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e. Functioning headlights, taillights, back-up lights, brake lights, horn, audible warning device, emergency lights, brakes and other lights and devices installed on unit. _____ _____

f. Floor plan permitting rear leading of patient securing of stretcher and lead forward design with additional space for extra supine patient capable of being secured. _____ _____

g. Two (2) functional patient compartment doors, one curbside and one rear. _____ _____

h. A Patient compartment seat with a safety belt, which allows direct access to the primary patient. _____ _____

i. Functional and intact patient compartment windows. _____ _____

j. Functional heating and air conditioning front and rear. _____ _____

k. Leak free exhaust system that discharges to the side of the vehicle away from door openings and fuel filter. _____ _____

l. One- five (5) pound ABC fire extinguisher mounted and easily accessible in the front of the cab. _____ _____

m. No smoking sign in the vehicle cab compartment. _____ _____

n. No smoking sign in patient compartment visible from either entry door. _____ _____

o. Three (3) 30-minute road flare or reflective triangles. _____ _____

p. One (1) functional flashlight (Excluding penlights). _____ _____

3. **Basic Life Support Unit**:
All equipment must be clean and sterile (if applicable). Manufacturer equipment must be complete. **YES** **NO**

a. One each small, medium, large, Pedi and infant C-collars. _____ _____

b. Portable suction with appropriate tubing and suction tip. _____ _____

c. On-board suction with appropriate tubing and suction tip. _____ _____

YES **NO**

d. One each adult, child, and infant Bag-valved 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.	_____	_____
h. One portable oxygen unit with a minimum of 800 PSI.	_____	_____
i. Two clean bite sticks.	_____	_____
j. Two multi-trauma dressings approximately 10 x 30 inches.	_____	_____
k. One dozen soft roller bandages.	_____	_____
l. Four rolls of adhesive tapes minimum ½ inch in size.	_____	_____
m. Minimum of five dozen sterile 4 x 4 gauze pads.	_____	_____
n. Minimum of six sterile occlusive dressings.	_____	_____
o. Four sterile burn sheets.	_____	_____
p. One traction splint with all attachments for adult and child or adult traction splint and one child traction splint.	_____	_____
q. Splints 15, 36, 48 inches in length, may be padded Cardboard, aluminum, inflatable, wire or commercial frac pac.	_____	_____
r. One long spine board and one short spine board or Commercial substitute.	_____	_____
s. One dozen triangular bandages.	_____	_____
t. Two pair bandage shears.	_____	_____
u. Sterile sealed Obstetrical kits.	_____	_____
v. Nonporous infant insulating device.	_____	_____

	YES	**NO**
w. One AED.	_____	_____
x. One stethoscope.	_____	_____

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y. One adult, child, and infant sphygmomanometer.	_____	_____
z. One multi-level stretcher with 2 clean sheets, blankets and pillowcases.	_____	_____
aa. Two-way radio or telephone communications with hospital.	_____	_____
bb. Five extinguishers, at least one-quart chemical type mounted And easily accessible in the patient compartment.	_____	_____
cc. Other equipment as required by protocols.	_____	_____
dd. Current signed copy of protocols.	_____	_____
ee. Current emergency response guidebook.	_____	_____
ff. Cross contamination kit or equivalent.	_____	_____

4. Advanced Life Support Unit:

Includes all basic equipment and :	**YES**	**NO**
a. IV fluids with administration sets in quantities and types specified by protocols.	_____	_____
b. Two 50% dextrose or equivalent.	_____	_____
c. ET Tubes with laryngoscope and blades as required by protocols.	_____	_____
d. IV Catheters and butterflies in quantities and sizes as Requires by protocols.	_____	_____
e. Other equipment as required by protocols.	_____	_____

5. Mobile Intensive Care Units:

Includes all basic and ALS equipment:	**YES**	**NO**
a. Drugs as required by protocols.	_____	_____

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b. EKG monitor and defibrillator. _____ _____

c. Pedi Adaptor paddles. _____ _____

d. Electrodes and at least one spare Monitor battery. _____ _____

Passed_____ Failed_____ Conditional_____

Comments:_____

_____

_____

_____

_____

_____

_____

_____ _____ ___/____/____
EMS Inspector Firm Representative Date

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