



City of Deer Park Emergency Medical Services



Ambulance Permit Application & Inspection Form

Ambulance inspection fees and permits are non-transferable.

A non-refundable permit fee of fifty dollars (\$50.00) per application is due at the time of each application.

Check, Money Order or Credit Card will be accepted payable to the City of Deer Park.

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:

This section to be completed by Inspector.

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.

Yes _____ No _____

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 2 inch lettering. The letters TX shall precede the license number.

d. Current motor vehicle license plate front and rear

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

	Yes	No
f. Floor plan permitting rear loading of patient, securing of stretcher and lead forward design with additional space for extra supine patient capable of being secured.	_____	_____
g. Two 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 filler.	_____	_____
l. No smoking sign in the vehicle cab compartment.	_____	_____
m. No smoking sign in patient compartment visible from either entry door.	_____	_____
n. Three 30-minute road flares or reflective triangles.	_____	_____
o. One 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.	_____	_____
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.	_____	_____
h. One portable oxygen unit with minimum 800 PSI.	_____	_____

Yes

No

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 1/2 inch in size.

m. Minimum of 5 dozen sterile 4 x 4 gauze pads.

n. Minimum of 6 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 and 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 kit.

v. Non porous infant insulating device.

w. One AED

x. One stethoscope

y. One adult, child, and infant sphygmomanometer

z. One multi-level stretcher with 2 clean sheets, blankets and pillow cases.

aa. Two-way radio or telephone communications with hospital.

bb. Fire extinguisher, at least one quart chemical type mounted and easily accessible in 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:

a. IV fluids with administration sets in quantities and types specified by protocols.

b. Two 50% dextrose

c. ET tubes with laryngoscope and blades as required by protocols.

d. IV catheters and butterflies in quantities and sizes as required by protocols.

e. Other equipment as required by protocols.

Yes

No

5. Mobile Intensive Care Units:

Includes all basic and ALS equipment.

a. Drugs as required by protocols.

b. EKG monitor and defibrillator

c. Pedi adaptor paddles

d. Electrodes and at least one spare battery

Yes

No

Passed _____

Failed _____

Conditional _____

Comments:

Inspector

Firm Representative

Date