



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	_____	_____

	YES	NO
e. 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	_____	_____
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 or reflective triangles	_____	_____
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 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	_____	_____

	YES	NO
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	_____	_____
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 adult traction splint and one child traction splint	_____	_____
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	_____	_____
v. One AED with adult and pedi pads and spare battery	_____	_____
w. An epinephrine auto injector or similar device capable of treating anaphylaxis	_____	_____
x. One stethoscope	_____	_____

	YES	NO
y. One sharps container	_____	_____
z. 5 Biohazard bags	_____	_____
aa. One adult, child and infant sphygmomanometer	_____	_____
bb. One multi-level stretcher with 2 clean sheets, blankets and pillow cases	_____	_____
cc. Two-way radio or telephone communications with hospital	_____	_____
dd. Other equipment required by protocols	_____	_____
ee. Current signed copy of protocols	_____	_____
ff. Current emergency response guidebook	_____	_____
gg. Cross contamination kit or equivalent for every member of the crew	_____	_____

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	_____	_____
c. ET tubes with working laryngoscope and blades as required by protocols	_____	_____
d. IV catheters and venipuncture supplies in quantities and sizes required by protocols	_____	_____
e. Magill forceps for adult and child	_____	_____
f. Other equipment as required by protocols	_____	_____

YES

NO

3. Mobile Intesive 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 _____

Driver _____

Attendant _____

Current Certification _____

Current Texas DL _____

League City Permit _____

Current Certification _____

Current Texas DL _____

League City Permit _____

Citation Issued _____

Warning Issued _____

Citation Issued _____

Warning Issued _____

Inspector _____

Date _____

Firm Representative _____

Date _____