



# 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	_____	_____
	<b>YES</b>	<b>NO</b>
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	_____	_____

	<b>YES</b>	<b>NO</b>
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 \_\_\_\_\_  
Warning Issued \_\_\_\_\_

Citation Issued \_\_\_\_\_  
Warning Issued \_\_\_\_\_

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm Representative

\_\_\_\_\_  
Date