



OFFICE OF EMS AND TRAUMA
PROVIDER INSPECTION FORM



AIR EVAC EMS, INC. - FAYETTE / LIC # 945

Date:	October 05, 2015	Air Medical ALS:	N
Inspector:	Vickie Turner	Transport:	Transport
Outcome:	Passed with Deficiencies	Owner Type:	For Profit - Air Medical
ALS/BLS:	ALS1 ESP	Veh Inspect Only?:	Y

Med Control Hospital: DCH REGIONAL MEDICAL CENTER

VEHICLE INSPECTION SUMMARY:

Vehicle AE 45: Passed with Deficiencies
Hemostatic Agents (2), Chest Seal (1), Bag-Valve Mask (BVM) (2)/Infant, Burn Sheets (2), Pedi Wheel or Tape (1)

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Inspector

Provider Representative