



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service PSI Vehicle Plate 123 Inspection Date 3/12/14 Inspector [Signature]

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

[Signature]
Service Representative Name

[Signature]
Signature

N/A
Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3/12/14
Inspector Signature Date

[Signature] 3/12/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

81
 ~~NEW VEHICLE~~

Service RI Vehicle Plate 3H244 Inspection Date March 3 Inspector Rosenwald

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Red wheel Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 3/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature Date

[Signature] 4/10/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service West Amb Vehicle Plate 574 Inspection Date 3/1/14 Inspector [Signature]

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Needs sing Amb Kit Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name	Signature	Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date



AMBULANCE INSPECTION REPORT

ASD

NEW VEHICLE

Service North Park Serv Vehicle Plate 1152 Inspection Date 2/6/14 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. inop stickers Immediate 24 hours 2 bus. days 10 bus. days
- 2. Red wheel Immediate 24 hours 2 bus. days 10 bus. days
- 3. 3 way cones Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

RANDALL BRULE [Signature] 02-25-14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/6/14
Inspector Signature Date

[Signature] 02-06-14
Service Representative Signature Date

A71



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Alert Ambulance Vehicle Plate 1306 Inspection Date 2/4/2014 Inspector Rosario

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of inspection until the deficiencies listed herein have been corrected.

- 1. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
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INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Service Representative Name	Signature	Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date

1/2011



AMBULANCE INSPECTION REPORT

A65

Annual
 NEW VEHICLE

Service Abert Park Vehicle Plate 215714 Inspection Date 3/6/10 Inspector [Signature]

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Red wheel cap Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 2/10/10
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/5/10 [Signature] 02 09 10
 Inspector Signature Date Service Representative Signature Date



A63

AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Alert Amb Vehicle Plate U195 Inspection Date 3/12/14 Inspector [Signature]

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Beus [Signature] N/A
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3/12/14
Inspector Signature Date

[Signature] 3/12/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A62

Annual
 NEW VEHICLE

Service Alert Amb Vehicle Plate 4445 Inspection Date 1/14 Inspector Roswell

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Light out Pt Compartment Immediate 24 hours 2 bus. days 10 bus. days
- 2. Del Pedic wheel Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Roswell RBS 2/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Roswell 1/14
Inspector Signature Date

RBS 02 05 14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A41

Annual
 NEW VEHICLE

Service Alert Ambulance Vehicle Plate 3906 Inspection Date 3/11/14 Inspector Roman R

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Rede wheel Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

<u>Roman R</u>	<u>RBS</u>	<u>3/13/14</u>
Service Representative Name	Signature	Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

<u>Roman R</u>	<u>3/11/14</u>	<u>Roman R</u>	<u>3/11/14</u>
Inspector Signature	Date	Service Representative Signature	Date

A59



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Westport Vehicle Plate 49331 Inspection Date 3/12/14 Inspector [Signature]

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Epinephrine Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Brule
Service Representative Name

[Signature]
Signature

3/14/14
Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3/12/14
Inspector Signature Date

[Signature] 3/12/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A56

Renewal
 NEW VEHICLE

Service Alert Amb Vehicle Plate 3586 Inspection Date 2/6/14 Inspector Rossini

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Peds wheel Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Brule [Signature] 2/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/6/14
Inspector Signature Date

[Signature] 02 06 14
Service Representative Signature Date

A47



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Mount Airy Vehicle Plate R2212 Inspection Date 2/5/14 Inspector Rossini

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Light out lightbar Immediate 24 hours 2 bus. days 10 bus. days
- 2. Red wheel Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce RBS 2/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Rossini 2/5/14
Inspector Signature Date

RBS 02-10-14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A46

NEW VEHICLE

Service Albert Amb Vehicle Plate 41017 Inspection Date 3/10/14 Inspector Rosmasi

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Red wheel Immediate 24 hours 2 bus. days 10 bus. days *when avail*
2. Light out of ramp Immediate 24 hours 2 bus. days 10 bus. days
3. infinite 10/11/13 Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Rosmasi RBS 3/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3/10/14
Inspector Signature Date

[Signature] 3/10/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A45

NEW VEHICLE

Service Mount Amb. Vehicle Plate 4943 Inspection Date 3/11/14 Inspector Rosenquist

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Red wheel Immediate 24 hours 2 bus. days 10 bus. days
- 2. Light out of Comp Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 3/13/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature Date

[Signature] 3/11/14
Service Representative Signature Date



A44

A44

NEW VEHICLE

AMBULANCE INSPECTION REPORT

Service Mount Ambulance Vehicle Plate 4909 Inspection Date 2/4/14 Inspector Rosenthal

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi Wheel Immediate 24 hours 2 bus. days 10 bus. days
- 2. Lights out x 2 Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 2/9/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/4/2014 [Signature] 02-04-14
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Approved
 NEW VEHICLE

Service West Amb Vehicle Plate 4096 Inspection Date 3/13/14 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Tether for SS Immediate 24 hours 2 bus. days 10 bus. days
- 2. Tighten stretcher mount Immediate 24 hours 2 bus. days 10 bus. days
- 3. On the back Immediate 24 hours 2 bus. days 10 bus. days
- 4. Red wheel Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Brute RBS 3/14/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Randy Rossman 3/13/14
Inspector Signature Date

RBS 3/13/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A42

Annual
 NEW VEHICLE

Service Albert Amb. Vehicle Plate 11096 Inspection Date 2/6/14 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi wheel Immediate 24 hours 2 bus. days 10 bus. days
- 2. Sp. the seat working Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bove
Service Representative Name

[Signature]
Signature

2/10/14
Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/6/14
Inspector Signature Date

[Signature] 02-06-14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service West Amb Vehicle Plate 3492 Inspection Date 2/5/14 Inspector Ross

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Rotator out system Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Fredy Brule [Signature] 2/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/5/14
Inspector Signature Date

[Signature] 02-05-14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Alert Vehicle Plate 3105 Inspection Date 2/4/14 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Peds wheel Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 2/10/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/4/14
 Inspector Signature Date

[Signature] 2/10/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A8

Annual
 NEW VEHICLE

Service Alert Amb Vehicle Plate 3522 Inspection Date 3/13/14 Inspector Rosenquist

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Redi-Daring Services Immediate 24 hours 2 bus. days 10 bus. days
- 2. M. Totter Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bruce [Signature] 3/14/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3-13-14
Inspector Signature Date

[Signature] 3/13/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Alert Amb Vehicle Plate 3526 Inspection Date 3/13/14 Inspector Konarski

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Redi Driving License Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Bene [Signature] 3/14/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 3/13/14
Inspector Signature Date

[Signature] 3/13/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

A6

NEW VEHICLE

Service Alert Amb Vehicle Plate 3105 Inspection Date 2/5/14 Inspector Ross Muis

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Ped. wheel Immediate 24 hours 2 bus. days 10 bus. days
- 2. Repair Suction unit Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Randy Beule [Signature] 2-10-14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/5/14
Inspector Signature Date

[Signature] 02-05-14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Alert Amb Vehicle Plate S150 Inspection Date 10/29/14 Inspector Rosenwald

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. PTS Computer Immediate 24 hours 2 bus. days 10 bus. days
- 2. Time Tags Immediate 24 hours 2 bus. days 10 bus. days
- 3. Fix term on interior of Pt. Board Immediate 24 hours 2 bus. days 10 bus. days 30 days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an Initial Ambulance License can be issued. This vehicle **MAY NOT** be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.

REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the vehicle **MUST BE REINSPECTED** before an Ambulance License can be issued. This vehicle **MAY NOT** be used for EMS functions until it has been successfully re-inspected.

CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before an Initial Ambulance License can be issued. This vehicle **MAY** be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Thomas McCord [Signature] 10/29/14
Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature

Date

[Signature]
Service Representative Signature

Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service: Alert Ambulance Service Vehicle Plate: SZ12 Inspection Date: 10/24/14 Inspector: Rossini

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- ER 10/24/14 Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days
- Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-8883; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Thomas M. Corall Signature 10/28/14 Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Eric Rossini Inspector Signature 10/28/14 Date Thomas M. Corall Service Representative Signature 10/28/14 Date



AMBULANCE INSPECTION REPORT

A 80

New

~~NEW VEHICLE~~

Service Alert Amb Serv Vehicle Plate 1156 Inspection Date 2/6/14 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. inop sticker Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedi wheel Immediate 24 hours 2 bus. days 10 bus. days
- 3. 2 way comms Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

RAUNDAL BEULE [Signature] 02-25-14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

[Signature] 2/6/14
Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature] 02-06-14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Alw44 Barb Vehicle Plate 5331 Inspection Date 12/16/14 Inspector Rossner

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. SOB Hood x 2 Immediate 24 hours 2 bus. days 10 bus. days
- 2. Rear DS Sweeney light out. Immediate 24 hours 2 bus. days 10 bus. days
- 3. Lactated Ringers Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-8683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

Louis Parente [Signature] 12/18/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

[Signature] 12/16/14
Inspector Signature Date

[Signature] 12/16/14
Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service American Ambulance Vehicle Plate 3G880 Inspection Date 11/25/13 Inspector Rossweiss

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Ped wheel or Brose low type 2011 Compliant Immediate 24 hours 2 bus. days 10 bus. days
- 2. Triage tags & PFS Bands Immediate 24 hours 2 bus. days 10 bus. days
- 3. instruct re of NRB Immediate 24 hours 2 bus. days 10 bus. days
- 4. NPA's Asst COS (CD) Immediate 24 hours 2 bus. days 10 bus. days
- 5. Vehicle ok to use pending corr def. Immediate 24 hours 2 bus. days 10 bus. days
- 6. 10 BUSINESS Days for corrections. Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

[Signature] Matthew R. Duval 11/25/13
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH · BOTTOM COPY: Ambulance Service

[Signature] 11/25/13
Inspector Signature Date

[Signature] 11/25/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Mountain Ambulance Vehicle Plate 36820 Inspection Date 11/25/13 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi wheel or Brake hose tape 2011 Complaint. COS Immediate 24 hours 2 bus. days 10 bus. days
- 2. Triage tags & PFS Bands Immediate 24 hours 2 bus. days 10 bus. days
- 3. instant vic. of NRB COS Immediate 24 hours 2 bus. days 10 bus. days
- 4. NRA's Inst. COS (2) Immediate 24 hours 2 bus. days 10 bus. days
- 5. Vehicle ok to use pending COS def. Immediate 24 hours 2 bus. days 10 bus. days
- 6. 10 Business Days for corrections. Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

	<u>Matthew R. Doud</u> Signature	<u>12/13</u> 12/13/13 Date of Correction
Service Representative Name		

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Eric Rossmeisl 11/25/13
Inspector Signature Date

[Signature] 11/25/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Ambulance Amb Serv Vehicle Plate 3649 Inspection Date 11/25/13 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. PTS + Triage tags Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedi dosing device. ✓ 9/15 Immediate 24 hours 2 bus. days 10 bus. days
- 3. infant NK + NRB ✓ 9/15 Immediate 24 hours 2 bus. days 10 bus. days
- 4. Vehicle ok to use pending Corr Def Immediate 24 hours 2 bus. days 10 bus. days
- 5. 10 Days (20) Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

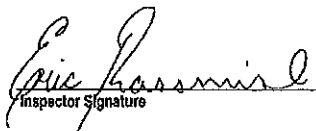
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.


AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.


 Service Representative Name Matthew R. Deval Signature Matthew R. Deval Date of Correction 12/3/13

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service


 Inspector Signature Eric Rossmeisl Date 11/25/13


 Service Representative Signature Matthew R. Deval Date 11/25/13



AMBULANCE INSPECTION REPORT

Viking

NEW VEHICLE

Service American Ambulance Vehicle Plate 4940 Inspection Date 11/25/13 Inspector Rossmel

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Surg Crick Kit ✓ OK Immediate 24 hours 2 bus. days 10 bus. days
- 2. PBS & Pt Tracking system Immediate 24 hours 2 bus. days 10 bus. days
- 3. Pedi dosing device ✓ OK Immediate 24 hours 2 bus. days 10 bus. days
- 4. infant NX + NRB ✓ OK Immediate 24 hours 2 bus. days 10 bus. days
- 5. Oral Hypertensive ✓ OK Immediate 24 hours 2 bus. days 10 bus. days
- 6. Vehicle ok to use pending other def. Immediate 24 hours 2 bus. days 10 bus. days
- 7. Oral Benachryl must be corrected within ✓ 24° 9/16 Immediate 24 hours 2 bus. days 10 bus. days
- 8. Immediate 24 hours 2 bus. days 10 bus. days
- 9. Immediate 24 hours 2 bus. days 10 bus. days
- 10. Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

AS Service Representative Name
 MATTHEW R. DUVAL Signature
 12/13/13 Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Eric Rossmel
 Inspector Signature
 11/25/13
 Date

[Signature]
 Service Representative Signature
 11/25/13
 Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service AMR Vehicle Plate 5655 Inspection Date 4/16/13 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.


NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Solo Cortef Immediate 24 hours 2 bus. days 10 bus. days
2. Verapamil Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

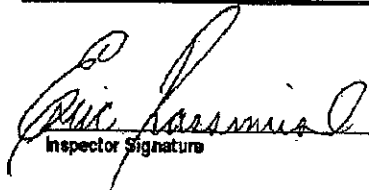
- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.


AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

Russell F. Olami  4/23/13
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

 4/16/13
 Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

 4/16/13
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service AMR Vehicle Plate 4Y84 Inspection Date 4/16/13 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Light out Loupanation COT Side Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle **MAY NOT** be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle **MUST BE REINSPECTED** before an Ambulance License can be issued. This vehicle **MAY NOT** be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle **MAY** be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Russell F O'Connell
Service Representative Name

[Signature]
Signature

4/23/13
Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

[Signature] Inspector Signature
4/16/13 Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature] Service Representative Signature
4/16/13 Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service AMAR Vehicle Plate 51625 Inspection Date 4/16/13 Inspector ROSMOIS1

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- Solo Cortef Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days
- _____ Immediate 24 hours 2 bus. days 10 bus. days

IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.

REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.

CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Russell F O'Connell [Signature] 4/23/13
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

[Signature] 4/16/13 [Signature] 4/16/13
 Inspector Signature Date Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual Spot

Service Ashaway Fire Vehicle Plate 2866 Inspection Date 7/15/14 Inspector Jessamine

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi Pads Exp. Immediate 24 hours 2 bus. days 10 bus. days
- 2. Glucometer strips Exp Immediate 24 hours 2 bus. days 10 bus. days
- 3. Epi 1/1000 X3 +1 Immediate 24 hours 2 bus. days 10 bus. days
- 4. Insp sticker Exp Immediate 24 hours 2 bus. days 10 bus. days
- 5. Netolizer Immediate 24 hours 2 bus. days 10 bus. days
- 6. Pedi Instant NRB Immediate 24 hours 2 bus. days 10 bus. days
- 7. Pedi Instant NC Immediate 24 hours 2 bus. days 10 bus. days
- 8. NPA's Immediate 24 hours 2 bus. days 10 bus. days
- 9. Pain Bp cuff Immediate 24 hours 2 bus. days 10 bus. days
- 10. Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

James E. Terven [Signature] 7/23/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS)

[Signature] 7/15/14
 Inspector Signature Date

[Signature] 7/15/14
 Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Manual Spot

Service Ashaway Ambulance Vehicle Plate 2564 Inspection Date 7/15/14 Inspector Rossini

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi & Adult Rde AED Immediate 24 hours 2 bus. days 10 bus. days
- 2. Cpr 1,000 x 3mg Immediate 24 hours 2 bus. days 10 bus. days
- 3. Oral Glucose Immediate 24 hours 2 bus. days 10 bus. days
- 4. Colocaster Immediate 24 hours 2 bus. days 10 bus. days
- 5. Pedi wheel 1000 Immediate 24 hours 2 bus. days 10 bus. days
- 6. Insulation kits x 2 Immediate 24 hours 2 bus. days 10 bus. days
- 7. Insulant BP Coll Pedi Immediate 24 hours 2 bus. days 10 bus. days
- 8. Insulant Immediate 24 hours 2 bus. days 10 bus. days
- 9. Insulant Immediate 24 hours 2 bus. days 10 bus. days
- 10. N-95 masks Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period. 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected. 3.) Fax this form to the Division of EMS at (401) 222-6683. 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

James E. Tevan 7/15/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS)

Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Carrington Fire Vehicle Plate 453 Inspection Date 12/19/14 Inspector Rossano

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Needs Monitor Refit, Has LPS but Chart Record Immediate 24 hours 2 bus. days 10 bus. days
2. does not work. Ok to use a C-2 Immediate 24 hours 2 bus. days 10 bus. days
3. Unit Monitor Comes in (20) 12/19/14 Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

Peter J. Morice [Signature] 12/19/14
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

[Signature] 12/19/14 TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Blackstone Fire Dept Vehicle Plate 148 Inspection Date 12/8/14 Inspector Rossmanis

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. 2 way Mirror Immediate 24 hours 2 bus. days 10 bus. days
2. Insp sticker Immediate 24 hours 2 bus. days 10 bus. days
3. Pedi Pack Immediate 24 hours 2 bus. days 10 bus. days
4. Insp NX Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.
- REINSPECTION REQUIRED** The vehicle must be re-inspected before a Certificate of Inspection can be issued.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated

Joey Sevigny
Service Representative Name

[Signature]
Signature

12-16-14
Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 12/8/14
Inspector Signature Date

[Signature] 12/8/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Brown EMS Vehicle Plate 302-044 Inspection Date 2/3/14 Inspector Rossini

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Pedi Pacts Immediate 24 hours 2 bus. days 10 bus. days
- 2. Blu Alarm Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

[Signature] AMY SAUNDERSON 2/11/2014
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-8 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 2/3/14
Inspector Signature Date

[Signature] 2/3/2014
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Country Fire Dist Vehicle Plate 1138 Inspection Date 5-20-14 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Pedi Dosing device OOD, Must be 2011 Compliant. ^{11HA} Immediate 24 hours 2 bus. days 10 bus. days
2. Inspection Sticker Immediate 24 hours 2 bus. days 10 bus. days
3. Stretcher Straps not MAN Reconnected Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

Spot insp performed
 Service Representative Name [Signature] Signature Rossman Date of Correction 7/15/15
4-15-15

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature Date 5-20-14

[Signature]
Service Representative Signature Date 5-20-14

see memo from inspection



AMBULANCE INSPECTION REPORT

Annual Spot

Service Central County Fire Vehicle Plate 2695 Inspection Date 3/6/13 Inspector Rossmeisl

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. infant M Immediate 24 hours 2 bus. days 10 bus. days
- 2. Child seat Immediate 24 hours 2 bus. days 10 bus. days
- 3. Tether for Shoulder Straps Immediate 24 hours 2 bus. days 10 bus. days
- 4. Lasix 80mg 30 day or until available Immediate 24 hours 2 bus. days 10 bus. days
- 5. Rt compartment light out high Position Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-8683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

<u>James L. Cady</u> Service Representative Name	<u>James L. Cady</u> Signature	<u>3/6/2013</u> Date of Correction
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NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature

James L. Cady 3/18/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Central Cov Fire Vehicle Plate 1741 Inspection Date 5/2/13 Inspector Rossmir

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Medicine Immediate 24 hours 2 bus. days 10 bus. days
- 2. Luave Immediate 24 hours 2 bus. days 10 bus. days
- 3. Podi Peds for monitor Immediate 24 hours 2 bus. days 10 bus. days
- 4. Immediate 24 hours 2 bus. days 10 bus. days
- 5. Immediate 24 hours 2 bus. days 10 bus. days
- 6. Immediate 24 hours 2 bus. days 10 bus. days
- 7. Immediate 24 hours 2 bus. days 10 bus. days
- 8. Immediate 24 hours 2 bus. days 10 bus. days
- 9. Immediate 24 hours 2 bus. days 10 bus. days
- 10. Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

James L. Cady James L. Cady 5/16/13
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Rossmir 5/2/13
 Inspector Signature Date

TOP COPY:RIDOH BOTTOM COPY: Ambulance Service
James L. Cady 5/2/13
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Central County Fire Vehicle Plate 2695 Inspection Date 3/6/13 Inspector Rossmeis

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. infant NC Immediate 24 hours 2 bus. days 10 bus. days
- 2. Child seat Immediate 24 hours 2 bus. days 10 bus. days
- 3. Tether for shoulder straps Immediate 24 hours 2 bus. days 10 bus. days
- 4. Loraz 80mg Immediate 24 hours 2 bus. days 10 bus. days ** 30 day or until available*
- 5. Rt compartment light out high position Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

- IMMEDIATE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.
- REINSPECTION REQUIRED** The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.
- CORRECTIBLE FAILURE(S)** The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.

INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

James L. Cady James L. Cady 3/6/2013
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Ric Rossmeis
Inspector Signature Date

Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Central County Fire Vehicle Plate 2695 Inspection Date 3/6/13 Inspector Rossmore

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. infant NC Immediate 24 hours 2 bus. days 10 bus. days
- 2. Child seat Immediate 24 hours 2 bus. days 10 bus. days
- 3. Tether for Shoulder Straps Immediate 24 hours 2 bus. days 10 bus. days
- 4. Laxix 80mg 30 day or until available Immediate 24 hours 2 bus. days 10 bus. days
- 5. Rt compartment light out high Position Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6883; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

James L. Cady James L. Cady 3/6/2013
 Service Representative Name Signature Date of Correction

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Eric Rossmore
Inspector Signature Date

James L. Cady 3/18/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Coventry Fire Dist Vehicle Plate 891 Inspection Date 5/2/13 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Perli Parks Immediate 24 hours 2 bus. days 10 bus. days
2. _____ Immediate 24 hours 2 bus. days 10 bus. days
3. _____ Immediate 24 hours 2 bus. days 10 bus. days
4. _____ Immediate 24 hours 2 bus. days 10 bus. days
5. _____ Immediate 24 hours 2 bus. days 10 bus. days
6. _____ Immediate 24 hours 2 bus. days 10 bus. days
7. _____ Immediate 24 hours 2 bus. days 10 bus. days
8. _____ Immediate 24 hours 2 bus. days 10 bus. days
9. _____ Immediate 24 hours 2 bus. days 10 bus. days
10. _____ Immediate 24 hours 2 bus. days 10 bus. days

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INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment.

AFFIDAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

<u>James L. Cady</u> Service Representative Name	<u>James L. Cady</u> Signature	<u>5/16/13</u> Date of Correction
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NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Rossman
Inspector Signature

5/2/13
Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

James L. Cady
Service Representative Signature

5/2/13
Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Central Coventry Vehicle Plate 544 Inspection Date 5/12/13 Inspector Rossmirel

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an Initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. B/u Alarid Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 8. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 9. _____ Immediate 24 hours 2 bus. days 10 bus. days
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AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.

<u>James L. Cady</u> Service Representative Name	<u>James L. Cady</u> Signature	<u>7/2/13</u> Date of Correction
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NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Rossmirel
Inspector Signature 5/12/13
Date

James L. Cady
Service Representative Signature _____
Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual Spot

Service Central Falls Fire Vehicle Plate _____ Inspection Date 1-29-13 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

- 1. Emergency lights out x 4 Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 7. _____ Immediate 24 hours 2 bus. days 10 bus. days
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Robert E. Blawie Jr Rob DeBenedictis 2/12/13
 Service Representative Name Signature Date of Correction

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TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] [Signature]
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Central Falls Fire Vehicle Plate _____ Inspection Date 1-29-13 Inspector Rossman

PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License.

NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

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- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
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- 5. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 6. _____ Immediate 24 hours 2 bus. days 10 bus. days
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<u>Robert E. Rossman Jr</u>	<u>R. DeBady</u>	<u>2/12/13</u>
Service Representative Name	Signature	Date of Correction

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TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature]
Inspector Signature _____ Date _____

[Signature]
Service Representative Signature _____ Date _____