



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Johnston Fire Vehicle Plate 2140 Inspection Date 9/26/14 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. Tarp Stakes Immediate 24 hours 2 bus. days 10 bus. days
- 2. Abuse Part of Capability 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) 222-6883; 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.

David Tannock II David Tannock II 9/29/14
 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).

[Signature] 9/26/14
Inspector Signature Date

[Signature] 9/26/14
Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Lake Misquock Vehicle Plate 2694 Inspection Date 6/6/13 Inspector Rosswood

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. Lagix 80 mg *When Avail.*
 Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedi Paks
 Immediate 24 hours 2 bus. days 10 bus. days
- 3. Oral Diphenhydramine
 Immediate 24 hours 2 bus. days 10 bus. days
- 4. Trage tags
 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.

JAMES TC Calligan [Signature] June 12, 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

[Signature] 6/6/13
Inspector Signature Date

[Signature] 6-6-13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Lifestar Vehicle Plate 4HH Inspection Date 4/1/13 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. 1:1000 Epi, Multidose or Amps Immediate 24 hours 2 bus. days 10 bus. days
- 2. OK to use while waiting for Epi 1:1000, vehicle Immediate 24 hours 2 bus. days 10 bus. days
- 3. has Adolt & Pedi Epi Penice Immediate 24 hours 2 bus. days 10 bus. days
- 4. ~~_____~~ ^{4/1/13} 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) 222-6883. 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.

John McNeill [Signature] 04/02/2013
 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

[Signature] 4/1/13 [Signature] 04/1/13
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Lifestar Vehicle Plate 6464 Inspection Date 6/3/13 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. Oral Benzodryl 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.

<u>[Signature]</u>	<u>John McNeil</u>	<u>06/03/2013</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

[Signature]
Inspector Signature _____ Date _____

Service Representative Signature _____ Date _____



AMBULANCE INSPECTION REPORT

Annual Spot

Service Live Rock Fire Vehicle Plate 170 Inspection Date 10/29/14 Inspector Rossman

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. Port during service 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 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

M. James Isherwood [Signature] 11/15/2014
 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 § 23-4.1-6 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

Annual Spot

Service Linn Rock Fire Vehicle Plate 144 Inspection Date 10/29/14 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 dosing device (must be 2011 AHA Approved) Immediate 24 hours 2 bus. days 10 bus. days
- 2. MAD Immediate 24 hours 2 bus. days 10 bus. days
- 3. Stethoscope 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) 222-6683; 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

Lt. James F. Brown [Signature] 11/13/2014
 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 § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 10/29/14
 Inspector Signature Date

[Signature] 10/29/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Line Rock Fire Vehicle Plate 120 Inspection Date 3/13/13 Inspector Rossmer

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. Inspection Control Kit X1 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.

Alexander Jacques Arthur James 3-26-13
 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

Eric Rossmer 3/13/13 Arthur James 3-13-13
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Lincoln Rescue Vehicle Plate 619 Inspection Date 7/8/14 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. Manual Compression Kit Immediate 24 hours 2 bus. days 10 bus. days
- 2. Light out Rear yellow - NOW Emergency 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.

<u>RONALD K. GAGNE, SR.</u>	<u>Ronald K. Gagne Sr</u>	<u>7-18-14</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

[Signature] 7/8/14
Inspector Signature Date

Ronald K. Gagne Sr 7/8/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Little Compton Vehicle Plate 1552 Inspection Date 5/11/11 Inspector Rebecca

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. inspect 14 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 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 RUDOH is notified in writing that:

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 RUDOH 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) 222-8933; 4) If a re-inspection 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 below.

Signature [Signature] Date of Correction 5/12/11

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 RUDOH in writing of the correction, and receiving a written reinstatement notice from RUDOH. 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 [Signature] Date 5/11/11
Service Representative Signature [Signature] Date 5/11/11



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Middletown Fire Vehicle Plate 1205 Inspection Date 8-5-13 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 on back order Immediate 24 hours 2 bus. days 10 bus. days
- ✓ 2. Adhesive x mg Immediate 24 hours 2 bus. days 10 bus. days
- ✓ 3. infant MC Immediate 24 hours 2 bus. days 10 bus. days
- ✓ 4. Star of life x 1 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) 222-6883; 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.

<u>Andrew J. Meehan</u> Service Representative Name	<u>Andrew J. Meehan</u> Signature	<u>9-19-13</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).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Eric Rossmeisl
Inspector Signature 8/5/13
Date

Andrew J. Meehan
Service Representative Signature _____
Date



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Middletown Fire Vehicle Plate 2939 Inspection Date 8-5-13 Inspector Rossmire

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. Buxette Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedic driving device not 2010-2011 on back order 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) 222-8883; 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.

<u>Andrew J. Meenan</u> Service Representative Name	<u>Duke Meenan</u> Signature	<u>9-23-13</u> 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

Rossmire
Inspector Signature

8/5/13
Date

Duke Meenan
Service Representative Signature

Date



AMBULANCE INSPECTION REPORT

Amical
 NEW VEHICLE

Service Hiddletown Fire Vehicle Plate Z16Z Inspection Date 8/5/13 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. Adenosine 16 mg Immediate 24 hours 2 bus. days 10 bus. days
- 2. infant NC Immediate 24 hours 2 bus. days 10 bus. days
- 3. pedi + infant BUM Immediate 24 hours 2 bus. days 10 bus. days
- 4. Dextrose 50 or Dextrose 10% 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.

Andrea Meehan Andrea Meehan 9-9-13
 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).

Eric Rossmeisl 8-5-13
Inspector Signature Date

Andrea Meehan _____
Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

11
 Annual Spot

Service Med Tech Amb. Vehicle Plate 5330 Inspection Date 12/16/14 Inspector Rossmore

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. SOL Hood x 2 Immediate 24 hours 2 bus. days 10 bus. days
- 2. knives 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) 222-6683; 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>[Signature]</u>	<u>Louis Parente</u>	<u>12/15/14</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).

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

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
1/2011



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Med Tech. Amb Vehicle Plate 5339 Inspection Date 10/23/14 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 shoulder strap 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.

Louis Parante [Signature] 10/27/14
 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] 10/23/14
 Inspector Signature Date

[Signature] 10/23/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Med Tech Amb Vehicle Plate 3256 Inspection Date 8/29/13 Inspector Louis Parente

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 cool Immediate 24 hours 2 bus. days 10 bus. days
- 2. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 3. Vehicle ok to use pending floor Immediate 24 hours 2 bus. days 10 bus. days
- 4. check 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.

Louis Parente [Signature] 8/29/13
 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] 8/29/13 [Signature] 8/29/13
 Inspector Signature Date Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual Spot

Service Narragansett Fire Dept Vehicle Plate 517 Inspection Date 6/30/14 Inspector R. Casanova

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. Light out Pt. Comp & 1 Cot side bumpers Immediate 24 hours 2 bus. days 10 bus. days
- 2. Child seat 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) 222-6683; 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.

Troy C Sweet [Signature] 3/30/14
 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 5-23-4 1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 6/30/14
Inspector Signature Date

[Signature] 6/30/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Warrenville Fire Vehicle Plate 164 Inspection Date 6/24/14 Inspector Lorinc

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. Rear corner base side light out Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedi. dosing device 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

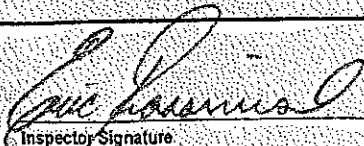
- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will 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.

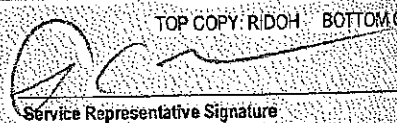
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at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

Troy C Street  8/5/14
 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).

 6/24/14
 Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
 6/24/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service: Narragansett Fire Vehicle Plate: 428 Inspection Date: 6/30/14 Inspector: [Signature]

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. Ch. 14 Seat 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 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

<u>Troy C Sweet</u> Service Representative Name	<u>[Signature]</u> Signature	<u>3/30/14</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

6/30/14
Date

[Signature]
Service Representative Signature

6/30/14
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Narragansett Fire Vehicle Plate 164 Inspection Date 6/30/14 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 dosing device 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 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

Troy C Sweet [Signature] 8 JUL 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] 6/30/14 [Signature] 6/30/14
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Narragansett Fire Dept Vehicle Plate 859 Inspection Date 6/30/14 Inspector Rossman

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

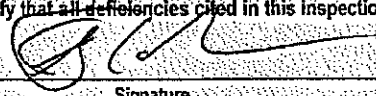
NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. Beac Tines 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

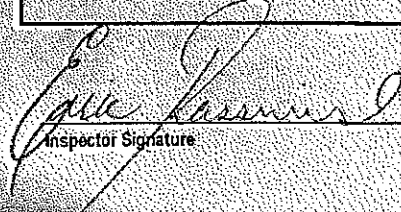
- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will 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.

Troy C. Sward  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).

 6/30/14
 Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

 6/30/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Norwiche Fire Vehicle Plate 36 Inspection Date 9-28-14 Inspector Rossmist

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. Oral Benadryl 50mg Immediate 24 hours 2 bus. days 10 bus. days
- 2. Epi 1:1000 3cc - Haz. Epi pen 2 3cc's Immediate 24 hours 2 bus. days 10 bus. days
- 3. Infant kit 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) 222-6683; 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

AT Ken Jacobs

9/30/14

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).

9-28-14

Inspector Signature
Date

TOP COPY: RIDOH --- BOTTOM COPY: Ambulance Service

9/28/14

Service Representative Signature
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Wassonville Fire Vehicle Plate 548 Inspection Date 9/29/14 Inspector Rossman

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. Infant + Pedi Bp Cuff Immediate 24 hours 2 bus. days 10 bus. days
- 2. Narcosis 10 mg Immediate 24 hours 2 bus. days 10 bus. days
- 3. Opi 1:1000 5cc Amps or Multidose vial Immediate 24 hours 2 bus. days 10 bus. days
- 4. Pedi & Infant - NC + NRB 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) 222-6683; 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

LT Ken Jacob [Signature] 9/29/14
 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).

[Signature] 9/29/14
Inspector Signature Date

[Signature] 9/29
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Wassonville Fire Vehicle Plate 241 Inspection Date 9-29-14 Inspector Rossman

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. Insufficient BP Coll Immediate 24 hours 2 bus. days 10 bus. days
- 2. Bag Narrows. Has 2 way Immediate 24 hours 2 bus. days 10 bus. days
- 3. Light out lightbar. 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) 222-6683; 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

LT Ken Jacobs [Signature] 9/30/14
 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] 9/30/14 [Service Representative Signature] 9/30/14
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service North Cumberland Fire Vehicle Plate 405 Inspection Date 10/25/13 Inspector Rogers

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. Redic dosing device. Immediate 24 hours 2 bus. days 10 bus. days
- 3. Redic inflow BVM 12/13 NRB 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.

Craig D. Sullivan North Cumberland - Craig D. Emerson 11/18/13
 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]
Inspector Signature

10/25/13
Date

[Signature]
Service Representative Signature

Date



AMBULANCE INSPECTION REPORT

Annual
 NEW-VEHICLE

Service North Cumberland Vehicle Plate 4588 Inspection Date 10/25/13 Inspector Rossweil

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 Pads Immediate 24 hours 2 bus. days 10 bus. days
- 2. Pedi drawing Immediate 24 hours 2 bus. days 10 bus. days
- 3. infant Pedi, etc Immediate 24 hours 2 bus. days 10 bus. days
- 4. Oral Hygiene 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.

Craig D. Eversen Craig D. Eversen 11/08/13
 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] 10/25/13
 Inspector Signature Date

[Signature] _____
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service N. Kingstown Fire Vehicle Plate 589 Inspection Date 1/22/12 Inspector Rossmeral

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 Verapamil Pending order Immediate 24 hours 2 bus. days 10 bus. days
- 2. Needs Mg sulfate Pending order 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.

Timothy D. Patvin [Signature] _____
 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] 1/23/12
 Inspector Signature Date

[Signature] 07 Jan 13
 Service Representative Signature Date

R2-3



AMBULANCE INSPECTION REPORT

Annual Spot

Service N. Kingstown Fire Vehicle Plate 2035 Inspection Date 1/22/13 Inspector Bassmaial

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. Pt. Comp lights x 2 completed 1800 hrs 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.

[Signature] Capt. Timothy D. Portin 27 Jan 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

[Signature] 1/22/13
Inspector Signature Date

[Signature] 27 Jan 13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service N. Kingstown Fire Vehicle Plate 2946 Inspection Date 1/22/13 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. Needs: Narcain corrected 1730 hrs Immediate 24 hours 2 bus. days 10 bus. days
2. Oral Glucose corrected 1730 hrs Immediate 24 hours 2 bus. days 10 bus. days
3. Oral Benzydol corrected 1730 hrs Immediate 24 hours 2 bus. days 10 bus. days
4. Lasix corrected 1730 hrs Immediate 24 hours 2 bus. days 10 bus. days
5. ~~EGA COS~~ Immediate 24 hours 2 bus. days 10 bus. days
6. ET Tubes for ET Kit ^{ordered 700} corrected 1730 hrs Immediate 24 hours 2 bus. days 10 bus. days
7. Pt Compartment Lights corrected 1400 hrs Immediate 24 hours 2 bus. days 10 bus. days
8. Monitor Paper ~~COS~~ 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.

Timothy D. Potvin, Capt. [Signature] 22 Jan 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

[Signature] 1/22/13
 Inspector Signature Date

[Signature] 1-22-13
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service N. Scituate Fire Vehicle Plate B Inspection Date 12/9/14 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. Strobe light out light bar 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 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

Rosario Kevin Dexter [Signature] 12/14/14
 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).

[Signature] 12/9/14
Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature] 12/9/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

R.3

Service N Smithfield Fire Vehicle Plate 1098 Inspection Date 7/3/14 Inspector Ross

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. Center Strobe Lightbar FIXED 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 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

LT. Bill LaFarge LT. Butcher 7-9-14
 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] 7/3/14 LT. [Signature] 7-3-14
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service N. Smithfield Fire Vehicle Plate 1Z4Z Inspection Date 7/3/14 Inspector Rossmore

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 Light out Rear Red FIXED Immediate 24 hours 2 bus. days 10 bus. days
- 2. 1 Light out Red FIXED Immediate 24 hours 2 bus. days 10 bus. days
- 3. Left wheel 100 replaced 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.

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

<u>LT. Bill LaForge</u>	<u>LT. Brent Jorg</u>	<u>7-7-14</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).

Rossmore
Inspector Signature 7/3/14
Date

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



AMBULANCE INSPECTION REPORT

Annual Spot

R-1

Service N. Smithfield Vehicle Plate 455 Inspection Date 7/3/14 Inspector Rossman

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. Light not Pt Comp XL Immediate 24 hours 2 bus. days 10 bus. days
2. Light was replaced 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 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

LT. Bill LaForge

LT. Bill LaForge

7-7-14

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

Rossman
Inspector Signature

7/3/14
Date

LT. Bill LaForge
Service Representative Signature

7-3-14
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service North Smithfield Vehicle Plate 411 Inspection Date 4/3/14 Inspector Rossmuir

E-2

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. Rear yellow light out. Replaced Immediate 24 hours 2 bus. days 10 bus. days
2. Pedi wheel Replaced 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 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

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

New Annual Spot

Service Pascoag Fire Dept Vehicle Plate 96 Inspection Date 9/17/14 Inspector Rossman

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. B/U Alarm 30 Days
 Immediate 24 hours 2 bus. days 10 bus. days
- 2. Infant Nf DONE 9/17/14 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 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

Thomas Smith [Signature] 10/4/14
 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] 9/17/14
 Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature] 9-17-14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Pascoag Fire Dept. Vehicle Plate 976 Inspection Date 2/23/14 Inspector Rossman

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. Stretcher Straps not appropriate for stretcher. 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 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

<u>REV</u>	<u>Thomas Smith</u>	<u>2/24/14</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

[Signature] 2/23/14
Inspector Signature Date

[Signature] _____
Service Representative Signature Date

1/2011



AMBULANCE INSPECTION REPORT

Annual Spot

Service Portsmouth Fire Dept Vehicle Plate 25 Inspection Date 1/3/13 Inspector Rossauil

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 shoulder Straps 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. Vehicle ok to use in interior Immediate 24 hours 2 bus. days 10 bus. days
- 5. Classified 1-3-13 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.

Michael P. O'Brien [Signature] 1/4/13
 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]
Date

[Signature] 1/3/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Portsmouth Fire Dept Vehicle Plate 26 Inspection Date 11/27/13 Inspector Rossaris!

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. Star of Life 12 Hood (KKK-SPEC) Immediate 24 hours 2 bus. days 10 bus. days
- 2. Inspection sticker 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.

Michael P. O'Brien [Signature] 12/2/13 & 12/11/13
 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] 11/27/13 [Signature]
 Inspector Signature Date Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Approved!
 NEW VEHICLE

Service Southville Fire Vehicle Plate 2269 Inspection Date 9-23-13 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. Busslaw Tape, Redi wheel OOD 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.

<u>Kimberly M. Perrella</u>	<u>Kimberly M. Perrella</u>	<u>10/3/13</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

Eric Rossini 9-23-13
Inspector Signature Date

Kimberly M. Perrella 10/3/13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Approved!
 NEW VEHICLE.

Service Potterville Fire Dept Vehicle Plate 4 Inspection Date 9/23/13 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. Broselow tape / Redi wheel 000 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) 222-8883; 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.

Kimberly M Rosenquist 10/3/13
 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

Eric Rosenquist 9/23/13
 Inspector Signature Date

Kimberly M Rosenquist 9/23/13
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Providence Hospital Vehicle Plate 1000 Inspection Date 8/8/14 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. [Signature] Immediate 24 hours 2 bus. days 10 bus. days
- 2. [Signature] 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.

Joe Baginski [Signature] 8-8-14
 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] [Date]
Inspector Signature Date

[Signature] [Date]
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Professional Vehicle Plate 4070 Inspection Date 3/5/13 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. Light out Lightbar 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 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

Zick Steele [Signature] 4-26-13
 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] _____ [Signature] _____
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service Professional Vehicle Plate 3965 Inspection Date 9/6/13 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. Ride wheel Back order till 9/11 Immediate 24 hours 2 bus. days 10 bus. days
- 2. AOI Hood 32" Done 9/12 Immediate 24 hours 2 bus. days 10 bus. days
- 3. Tugham Bratcher Done 9/12 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) 222-6883; 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.

Paul Rossini Joseph Baginski 9/12/13
 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).

Paul Rossini 9/6/13 Paul Rossini 9/9/13
 Inspector Signature Date Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Approved
 NEW VEHICLE

Service Providence Vehicle Plate AF10C00054 Inspection Date 10/17/13 Inspector Rossanizi

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 & internet acc 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.

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

<u>Joseph L. Laurent Jr</u>	<u>[Signature]</u>	<u>23 Oct 13</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

[Signature]
Inspector Signature 10/17/13
Date

[Signature]
Service Representative Signature 17 Oct 13
Date



AMBULANCE INSPECTION REPORT

Annual
 NEW VEHICLE

Service Avoncroft Vehicle Plate AF1160049 Inspection Date 10/14/13 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. Peds wheel 000 Immediate 24 hours 2 bus. days 10 bus. days
- 2. Infant Peds M Immediate 24 hours 2 bus. days 10 bus. days
- 3. Infant NRB 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.

Joseph L. Laurent Jr [Signature] 23 Oct 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]
Inspector Signature Date

[Signature] 17 Oct 13
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service USAR Vehicle Plate 1698 Inspection Date 8-22-14 Inspector [Signature]

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 Beds 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 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

Jeffrey S Howe [Signature] 9-1-2014
 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 § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

[Signature] 8/22/14
Inspector Signature Date

[Signature] _____
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service RISD Pub Safety Vehicle Plate 5Y588 Inspection Date 5/1/14 Inspector Rossman

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 closing device OOD Immediate 24 hours 2 bus. days 10 bus. days
- 2. Trimming Reflectors Immediate 24 hours 2 bus. days 10 bus. days
- 3. Insulation Kits x2 Immediate 24 hours 2 bus. days 10 bus. days
- 4. Tireout NC 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

[Signature] L.H. Antonio Scorza 5/2/14
 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] 5/1/14
Inspector Signature Date

[Signature] _____
Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

NEW VI

Service RW College Vehicle Plate 648-222 Inspection Date 1/31/13 Inspector Rosencorn

PASSED Vehicle has met all inspection requirements and will be issued 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 Pads Immediate 24 hours 2 bus. days 10 bus.
- 2. _____ Immediate 24 hours 2 bus. days 10 bus.
- 3. _____ Immediate 24 hours 2 bus. days 10 bus.
- 4. _____ Immediate 24 hours 2 bus. days 10 bus.
- 5. _____ Immediate 24 hours 2 bus. days 10 bus.
- 6. _____ Immediate 24 hours 2 bus. days 10 bus.
- 7. _____ Immediate 24 hours 2 bus. days 10 bus.
- 9. _____ Immediate 24 hours 2 bus. days 10 bus.
- 9. _____ Immediate 24 hours 2 bus. days 10 bus.
- 10. _____ Immediate 24 hours 2 bus. days 10 bus.

- 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.

Michael Hurley Michael Hurley 2-5-13
 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

60
Rosencorn 1/31/13 Michael Hurley 1-31-13
 Inspector Signature Date Service Representative Signature



AMBULANCE INSPECTION REPORT

RECEIVED
FEB 13 2013
By _____

Annual Spot

Service RW College Vehicle Plate 426-286 Inspection Date 1-31-13 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. Pedi BVM Immediate 24 hours 2 bus. days 10 bus. days
2. Pedi NC 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.

Michael Hurley Michael Hurley 2-5-13
 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] 1-31-13
Inspector Signature Date

[Signature] 1/31/13
Service Representative Signature Date

New



AMBULANCE INSPECTION REPORT

Annual Spot

Service Salve University Vehicle Plate SA 445 Inspection Date 9/23/14 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 wheel Purple Immediate 24 hours 2 bus. days 10 bus. days
- 2. Narcan 7.2 mg 10 mg all together Immediate 24 hours 2 bus. days 10 bus. days
- 3. Epi 1:1000 x 1 cc/mg missing amp Immediate 24 hours 2 bus. days 10 bus. days
- 4. _____ Immediate 24 hours 2 bus. days 10 bus. days
- 5. Vehicle ok to use pending corrected Immediate 24 hours 2 bus. days 10 bus. days
- 6. def 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

<u>Robert W. Church</u> Service Representative Name	<u>[Signature]</u> Signature	<u>10/7/2014</u> 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

9/25/14
Date

[Signature]
Service Representative Signature

9/23/14
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Saylesville Fire Vehicle Plate 8874 Inspection Date 10/30/14 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. Redi dosing device (Must be 2011 compliant BHR) 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 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

<u>[Signature]</u>	<u>[Signature]</u>	<u>11/10/14</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

[Inspector Signature] 10/30/14
Inspector Signature Date

[Service Representative Signature] 10/30/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Stat Southeast Vehicle Plate 49916 Inspection Date 8/29/14 Inspector Rossmeis

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.

- 30 days
1. PTS, Nards config & laptop Immediate 24 hours 2 bus. days 10 bus. days
 2. Latch for Bench Seat near Broken Immediate 24 hours 2 bus. days 10 bus. days
 3. ~~Seatbelt Buckle won't hold latch~~ Immediate 24 hours 2 bus. days 10 bus. days
 4. ~~ASB~~ 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) 222-6683; 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

Frank Oringer [Signature] 8/11/14
 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]
Inspector Signature

8/29/14
Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature] 8/29/14
Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Stet Southcoast Vehicle Plate 3564 Inspection Date 9/24/14 Inspector Boyanicz

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. PA Missing Immediate 24 hours 2 bus. days 10 bus. days
2. Instrukt NL Immediate 24 hours 2 bus. days 10 bus. days
3. PTS needs to be configured 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

<u>Frank Orsogna</u>	<u>[Signature]</u>	<u>9/11/14</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).

[Signature] 9/29/14 [Signature] 08/28/14
 Inspector Signature Date Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual Spot

Service Stat Southeast Vehicle Plate 3568 Inspection Date 8-29-14 Inspector Rossman

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. Latch for bench seat: broken Immediate 24 hours 2 bus. days 10 bus. days
- 2. Needs laptop for PTS Int. Immediate 24 hours 2 bus. days 10 bus. days
- 3. Section unit batteries req replacement Immediate 24 hours 2 bus. days 10 bus. days
- 4. Stretcher side light bank in pt Comp, NO High pps Immediate 24 hours 2 bus. days 10 bus. days
- 5. Child Seat Immediate 24 hours 2 bus. days 10 bus. days
- 6. Alcohol Immediate 24 hours 2 bus. days 10 bus. days
- 7. Epi 1:1000 Immediate 24 hours 2 bus. days 10 bus. days
- 8. ApAp supp Immediate 24 hours 2 bus. days 10 bus. days
- 9. Narcotic + MAB device 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

Frank O'Regan [Signature] 9/11/14
 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] 8/29/14 [Signature] 8/29/14
 Inspector Signature Date Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service Stat Southeast Vehicle Plate 3922 Inspection Date 8/29/14 Inspector Rossman

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

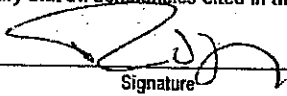
NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of inspection until the deficiencies listed herein have been corrected.

1. Child Seat Immediate 24 hours 2 bus. days 10 bus. days
2. Section crumple in house Immediate 24 hours 2 bus. days 10 bus. days
3. PLS needs Computer & Config Immediate 24 hours 2 bus. days 10 bus. days
4. Tear Airway seat - bob 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

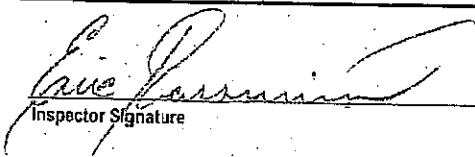
- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will 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.

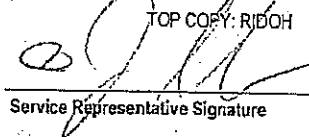
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) if a reinspection is required, contact the Division of EMS at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

Frank O'Rourke  9/11/14
 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).

 8/29/14
 Inspector Signature Date

 8/29/14
 Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



AMBULANCE INSPECTION REPORT

Annual Spot

Service South Coast Vehicle Plate 3946 Inspection Date 8/28/14 Inspector Rossman

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

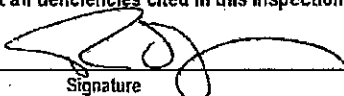
NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.

1. PTS - Must be working & Configured Immediate 24 hours 2 bus. days 10 Days
2. Longboards must be clean & Free 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

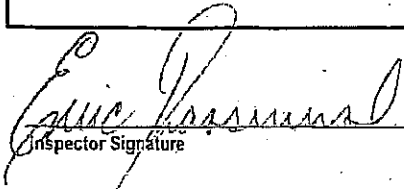
- IMMEDIATE FAILURE(S)** The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.
- CORRECTIBLE FAILURE(S)** The vehicle's Ambulance License will 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.

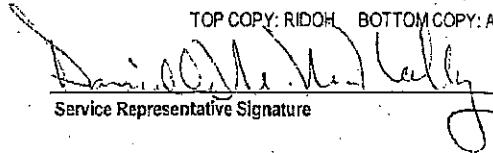
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affidavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Division of EMS at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

Frank O'Rourke  9/11/14
 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).

 8/29/14
 Inspector Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
 8/28/14
 Service Representative Signature Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service SKEMS Vehicle Plate 1Z14 Inspection Date 6/24/14 Inspector ROSENBERG

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. Several Recons Kit missing. Immediate 24 hours 2 bus. days 10 bus. days
2. 5.6 mg Narcan - Min 10 mg Req. Immediate 24 hours 2 bus. days 10 bus. days
3. Pediatric 1000 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) 222-6683; 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

Michael DeMeth
Service Representative Name

[Signature]
Signature

7/2/14
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).

[Signature]
Inspector Signature

6/24/14
Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
[Signature]
Service Representative Signature

6/27/14
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service SKEMS Vehicle Plate 1506 Inspection Date 6/27/14 Inspector Rossman

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. Pool wheel Immediate 24 hours 2 bus. days 10 bus. days
2. Lights out Pt Comp x 5 Immediate 24 hours 2 bus. days 10 bus. days
3. infant BUM 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.

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

Michael DeMeth
Service Representative Name

[Signature]
Signature

7/7/14
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]
Inspector Signature 6/27/14
Date

[Signature]
Service Representative Signature 6/27/14
Date



AMBULANCE INSPECTION REPORT

Annual Spot

Service SKEMS Vehicle Plate 2851 Inspection Date 6/27/14 Inspector Roseman 131

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. Atropine x 1 Immediate 24 hours 2 bus. days 10 bus. days
- 2. Narcan x 4 mg Immediate 24 hours 2 bus. days 10 bus. days
- 3. Child BUM 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.

Michael DeMello [Signature] 7/7/14
 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 [Signature] Date 6/27/14

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature [Signature] Date 6/27/14

1/2011



AMBULANCE INSPECTION REPORT

NEW VEHICLE

Service URI EMS Vehicle Plate 1192 Inspection Date 2/8/13 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. Tether for shoulder straps Immediate 24 hours 2 bus. days 10 bus. days
- 2. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 3. Force torso restraint guide Immediate 24 hours 2 bus. days 10 bus. days
- 4. Part number 031-3945 Immediate 24 hours 2 bus. days 10 bus. days
- 5. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 6. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 7. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 8. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 9. [Blank] Immediate 24 hours 2 bus. days 10 bus. days
- 10. [Blank] 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] ROBERT T. HARR 2/13/13
 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] 2/8/13
Inspector Signature Date

[Signature] 2/8/13
Service Representative Signature Date