ets.	
STOOL STATE	AMBUI

MEM VEHICLE

Service is here	eby authorized to use thit, vehicle for EMS fi	sued a Certificate of Inspection. The above listed Ambulance unctions pending Issuance of an initial Ambulance License.
NOTICE OF DEFI	CIENCY Vehicle t as been found def of Inspection until the defici	icient and will not be issued a Certificate encles listed herein have been corrected.
1. Tuso Straker		☐ Immediate y 24 hours ☐ 2 bus. days ☐ 10 bus. day
2 About Pedi De	Flera bitity (D) -	
3.		[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, day
4.		Immediate 24 hours 2 bus. days 10 bus. day
5.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus. day
6.		limmediate 24 hours 2 bus. days 10 bus. day
7.		immediate 🗀 24 hours 📋 2 bus, days 📋 10 bus, day
9,		☐ immediate ☐ 24 hours ☐ 2 bua, days ☐ 10 bus, day
9.		☐ Immediate ☐ 24 hours [] 2 bus. days ☐ 10 bus. day
10.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day
vehicle MAY NOT be used	for EMS functions until all critical deficienci	ected before an initial Ambulance License can be issued. This es are corrected and RIDOH notified in writing thereof. orrected and the vehicle MUST BE REINSPECTED before an rEMS functions until it has been successfully re-inspected.
CORRECTIBLE FAILURE	(S) The above-listed deficiencies must be o	corrected before an initial Ambulance License can be issued. Thi hown, However, this authorization will lapse should any deficien uid RIDOH not be notified in writing thereof.
INSTRUCTIONS: 1.) Correct al deficiencies have been correcte Division of EMS at (401) 222-24	ed; 3.) Fax this form to the Division of EMS a	period; 2.) Sign the Affadavit of Correction below to indicate the at (401) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION	ON: I hereby certify that all deficiencies cited	in this inspection have been corrected as of the data indicated.

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

126-14 Date

AMBULANCE INSPECTION REPORT	AWNO CAT
Service Lathe Mishwood Vehicle Plate MAY Inspection Date 6/6/13 Inspec	ctor Apsseur/
PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Ins Service is hereby authorized to use this vehicle for EMS functions pending issuan	pection. The above listed Ambulance nce of an initial Ambulance License.

1 Lacox 80 Ms	ciencies listed herein have been corrected. War War
The Children of the Children o	
2. <u>fedi 1804</u>	<i>!</i>
The state of the s	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d
	Immediate 24 hours 2 bus. days 10 bus. d
5	Immediate 24 hours 2 bus, days 10 bus, d
6.	Immediate24 hours2 bus. days 10 bus. d
7	Immediate24 hours2 bus. days 10 bus. d
9	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d
9	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. day
IMMEDIATE FAILURE(S) The above-listed deficiencies must be correvehicle MAY NOT be used for EMS functions until all critical deficience.	ected before an initial Ambulance License can be issued. This ies are corrected and RIDOH notified in writing thereof.
IMMEDIATE FAILURE(S) The above-listed deficiencies must be corre	ected before an initial Ambulance License can be issued. This sies are corrected and RIDOH notified in writing thereof. corrected and the vehicle MUST BE REINSPECTED before an or EMS functions until it has been successfully re-inspected. corrected before an initial Ambulance License can be issued. The shown. However, this authorization will lapse should any deficiental RIDOH not be notified in writing thereof. experiod; 2.) Sign the Affadavit of Correction below to indicate the

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Inspector Signature

ervice Likestar	Vehicle Plate //// inspec	ction Date 4/1/13 Insp	ector hossilets
	has met all inspection requirements and is hereby authorized to use this vehicle to		
NOTICE OF D	EFICIENCY Vehicle has been to of Inspection until to	ound deficient and will not be is he deficiencies listed herein ha	
1. 1:1000 Epi	Midfidose or Amps	5 /mm	ediate 🔲 24 hours 🔲 2 bus, days 🔲 10 bu
OK to use	while waiting for Epi	1:1000, Vehicles Imm	ediate 🔲 24 hours 🔲 2 bus. days 📋 10 bu
has Adolt &	Per loi Perso		ediate 24 hours 2 bus, days 2 10 bu
4.	100 4/1	1rt	nediate 🔲 24 hours 🔝 2 bus, days 🗀 10 bu
5		•	nediate 24 hours 2 bus, days 16 bu
e			nediate 24 hours 2 bus. days 10 b.
D+			
7		•	nediate 24 hours 2 bus. days 10 bu
9.			nediate 🗀 24 hours 🗀 2 bus, days 🗀 10 bu
8,		Intir	nediate 24 hours 2 bus. days 10 bu
10.		Irin	nediate 🔲 24 hours 🔲 2 bus, days 🎦 10 bu
vehicle MAY NOT be	RE(S) The above-listed deficiencies must a used for EMS functions until all critical o	leficiencies are corrected and R	NDOH notified in writing thereof.
REINSPECTION RE Ambulance License	QUIRED The above-listed deficiencies m can be issued, This vehicle MAY NOT be	nust be corrected and the vehicl used for EMS functions until it	e MUST BE REINSPECTED before has been successfully re-inspected.
vehicle MAY be use	LURE(S) The above-listed deficiencies of the correction of the correction period shown above an	period shown. However, this at	uthorization will lapse should any del
deficiencies have been c	rect all cited deficiencies within the permi orrected; 3.) Fax this form to the Division 222-2401 to make an appointment.	itted time period: 2.) Sign the Af of EMS a (401) 222-6683.) I	fadavit of Correction below to indical f a reinspection is required, contact t
AFFADAVIT OF CORF	ECTION: I hereby certify that all deficience	les cited in this pepection have	been corrected as of the date indicate
A John Man	16111	1 Stiell.	04/02/2013
Service Representative Na		ture .	Date of Correction
correcting all deficiencies an ambulance on public	Ambulance License has been suspenders, notifying RIDOH in writing of the correct ways in this state if the ambulance is not Rules and Regulations Relating to Emerg	tion, and receiving a written reli licensed by the Department of I	nstatement notice from RIDOH. To o Health is a violation of Rhode Island
aic Lasanu	N 41/13 -	1/ cm s1	COPY: RIDOH BOTTOM COPY: Ambulan
. (• • • • • • • • • • • • • • • • • • • •		/ / / / / / / / / / / / / / / / / / / /

7	AMBULANCE INSPECTION REPORT	MEM VEHICLE
Service <u>/</u>	yestar Vehicle Plate 6464 Inspection Date 6/3/13	Inspector R655 ML 3 Q
P	ASSED Vehicle has met all inspection requirements and will be issued a Certific Service is hereby authorized to use this vehicle for EMS functions pendi	
₽ N	OTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed h	
1.	Onl Bendry	☐ 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 vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected to the corrected before and the corrected before an area of the corrected before an are	ed and RIDOH notified in writing thereof.
	REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions.	s until it has been successfully re-inspected.
	CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before vehicle MAY be used for EMS functions during the correction period shown. However not be corrected within the correction period shown above and/or should RIDOH not	r, this authorization will lapse should any deficiency
de	STRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sig eficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-66 vision of EMS at (401) 222-2401 to make an appointment.	n the Affadavit of Correction below to indicate that 83; 4.) If a reinspection is required, contact the
4	AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection. Service Representative Name Signature	on have been corrected as of the date indicated. O 6/03/20/3 Date of Correction
0	Pervice Representative Name Signature	Date of Correction
co at	OTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Servic orrecting all deficiencies, notifying RIDOH in writing of the correction, and receiving a wri or ambulance on public ways in this state if the ambulance is not licensed by the Departm aw § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (tten reinstatement notice from RIDOH. To operate nent of Health is a violation of Rhode Island General

Service Representative Signature

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



™ Annual	□ Spo

PASSED Vehicle has met all inspection requirements and	will be issued a Certificate of Inspection
NOTICE OF DEFICIENCY	
NOTICE OF DEFICIENCY Vehicle has been of Inspection until	Falls at the Control of the Control
1. Part dosing devine.	The detriciencies listed herein have been corrected, ☐ Immediate ☐ 24 hours ☐ 2 hus, days ☐ 10 bus, days
2	Immediate [] 24 hours [] 2 hus, days [] 10 bus, days
3	
4,	[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days
5,	☐ Immediate ☐ 24 hours ☐12 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 ii 24 hours ii 2 bus, days ii 10 bus, days
9	[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days
10.	[] Immediate 24 hours 2 bus, days 10 bus, days
not be reinstated until all critical deficiencies are corrected and	
CORRECTIBLE FAILURE(S) The vehicle's Ambulance Licen any deficiency not be corrected within the correction period sh	se will be automatically suspended WITHOUT FURTHER NOTICE should lown above and/or should RIDOH not be notified in writing thereof.
REINSPECTION REQUIRED The vehicle must be re-inspected	ed before a Certificate of Inspection can be issued.
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permit deficiencies have been corrected; 3.) Fax this form to the Division of Division of EMS at (401) 222-2401 to make an appointment.	ted time period; 2.) Sign the Affadavit of Correction below to indicate that of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficienci	es cited in this inspection have been corrected as of the date indicated
4. James Isherwood	11/13/2014
Service Representative Name	Date of Correction
correcting all deficiencies, notifying RIDOH in writing of the correction	the Ambulance Service may not use the vehicle for EMS functions until on, and receiving a written reinstatement notice from RIDOH. To operate censed by the Department of Health is a violation of Rhode Island General

11/13	3/2014	09:09	4013330954	LRFD	PAGE 05/07
Service				PECTION REPORT le Plate 144 Inspection Date 10/189/14 Inspector 1	MAnnual Spot
	PAS	SED Vehi	cle has met all inspe	ction requirements and will be issued a Certificate of Inspection.	
	c				
<u> [v</u>	NOT			CY Vehicle has been found deficient and will not be issued a Coordinate of Inspection until the deficiencies listed herein have been of the second of the se	corrected.
	3 -6-6	13001 -15	-1.14 Ch	M. immediate []	24 hours 2 bus, days 10 bus:-days
	4				24 hours [] 2 bus. days [] 10 bus. days [] 4 hours [] 2 bus. days [] 10 bus. days
	6				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	- YA		☐ 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 fot 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 Affadavit 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

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).

nspector Signature

BOTTOM COPY: Ambulance Service

mmediate 24 hours 2 bus, days 10 bus, days

Inspector Signature

4013330954

One is the state of the	MBULANCE INSPECTION REPORT	□ NEW VEHICLE
Service Arm	MBULANCE INSPECTION REPORT Language Plate 100 Inspection Date 3/13/15 Inspector 100	755AUIEL
☐ PAS	SED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. Service is hereby authorized to use this vehicle for EMS functions pending issuance of an	The above listed Ambulance initial Ambulance License.
المد. ا	TICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Co of Inspection until the deficiencies listed herein have been o	
1	Immediate 12	24 hours □ 2 bus. days □ 10 bus. days
1	J FECTION CONTROL MILE DE	24 hours
2		24 hours 🗀 2 bus, days 🗀 10 bus, days
3		24 hours
4		24 hours
5,	☐ immediate ☐	24 hours 2 bus, days 10 bus, days
6		24 hours 🔲 2 bus, days 🔲 10 bus, days 🔒
7	[_] Immediate [24 hours
9,	☐ Immediate ☐] 24 hours
9	Immediate] 24 hours
10	IMMEDIATE FAILURE(S) The above-listed deficiencles must be corrected before an initial Ambulance vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH not be used for EMS functions.	e License can be issued. This officed in writing thereof.
1 d	REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the vehicle MOST	en successfully re-inspected.
	CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before an initial American vehicle MAY be used for EMS functions during the correction period shown. However, this authorizative vehicle MAY be used for EMS functions grant shown above and/or should RIDOH not be notified in with the correction period shown above and/or should RIDOH not be notified in with the correction period shown above and/or should RIDOH not be notified in with the correction period shown above.	tition will lapse should any deficiency riting thereof.
defi	TRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affadavit ciencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinistrum of EMS at (401) 222-2401 to make an appointment.	epection is required, contact the
	FFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been con	prrected as of the date indicated.
<u> </u>	Acrous Jacques (Signature)	Date of Correction
NC SS	DTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use precising all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatery all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatery are received by the Department of Health ambulance on public ways in this state if the ambulance is not licensed by the Department of Health ambulance on public ways in this state if the ambulance is not licensed by the Department of Health	IS STAIDISTION OF LANGUE LAWRE AND
l l	TOP COPTI	Undate box

Service Representative Signature

AMBULANCE INSPECTION REPORT	▼ NEW VEHICLE
Service Lincold Rescur. Vehicle Plate 6/9 Inspection Date 48/6	Inspector housewest
Service / ANCORAL CARRAGE. Vehicle Fine D	
PASSED Vehicle has met all inspection requirements and will be issued a Certification Service is hereby authorized to use this vehicle for EMS functions pen	cate of Inspection. The above listed Ambulance ding issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been found deficient and wi of Inspection until the deficiencies listed	Il not be issued a Certificate herein have been corrected.
1. Mural Decomposition Kit	Immediate 24 hours 2 bus. days 10 bus. days
2 Lookt out hear yellow NOW Elmogowness	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 vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and 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 function	TIS BIRLING HAS DEEN SUCCESSION TO TRAPECTED.
CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected between vehicle MAY be used for EMS functions during the correction period shown. Howe not be corrected within the correction period shown above and/or should RIDOH n	ver, uns additionzation will lapse should any denoterior
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) 3 deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-Division of EMS at (401) 222-2401 to make an appointment.	Sign the Affadavit of Correction below to indicate that 6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspe	
RONALD K. GAGNE SR. Ronald K. J. Service Representative Name Signature	Date of Correction
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Ser correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a an ambulance on public ways in this state if the ambulance is not licensed by the Depa Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Service	riment of Health is a violation of Rhode Island Genera

Inspector Signature

Service Representative Signature

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Denmand □Spot



NEW VEHICLE

Service Middle town Five Vehicle Plate 1205 Inspection Date 8	5-13 Inspector Rossmais1
PASSED Vehicle has met all inspection requirements and will be issued a Service is hereby authorized to use this vehicle for EMS functions	Certificate of Inspection. The above listed Ambulance s pending issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been found deficient at of Inspection until the deficiencies if	
1. ledi which on back order	Immediate 24 hours 2 bus. days 10 bus. days
S. infant NC	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
3 infant IK	Immediale 24 hours 2 bus, days 10 bus, days
Ja Star of like X1	☐ Immediale ☐ 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 beforehicle MAY NOT be used for EMS functions until all critical deficiencies are co	
REINSPECTION REQUIRED The above-listed deficiencies must be corrected Ambulance License can be issued, This vehicle MAY NOT be used for EMS fur	
CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected vehicle MAY be used for EMS functions during the correction period shown. Ho not be corrected within the correction period shown above and/or should RIDO	wever, this authorization will lapse should any deficiency
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 7 deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 2 Division of EMS at (401) 222-2401 to make an appointment.	2.) Sign the Affadavit of Correction below to indicate that 22-6883; 4.) If a reinspection is required, contact the
AFFADAVITOF CORRECTION: I hereby certify that all deficiencies cited in this installed the service Representative Name Service Representative Name Signature	· .
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving an embulance on public ways in this state if the ambulance is not licensed by the DeLaw § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Serv	a written reinstatement notice from RIDOH. To operate spartment of Health is a violation of Rhode Island General
Que hassured \$15/13 /hich	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
nspector Signature Date ' Service Repro	sensitive Signature Date



ANWOA!

Service Mildhe town Fine. Vehicle PI	iate <u>2939</u> Inspection Date <u>8-5-</u>	13 Inspector Rossmais
		dificate of Inspection. The above listed Ambulance nding issuance of an initial Ambulance License.
✓ NOTICE OF DEFICIENCY	Y Vehicle has been found deficient and vehicle has been found deficient and vehicle has been found deficiencies listed	
1. Burutte	- 100-20U	Immediate 24 hours 2 bus. days (1) 10 bus. days
3. Pedi dasing derice a on ba	ck order	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
4		[] Immədiatə: 🔲 24 hours 📋 2 bus. days 🔲 10 bus. days
5	, , , , , , , , , , , , , , , , , , , ,	
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-list vehicle MAY NOT be used for EMS functions.	ed deficiencies must be corrected before ions until all critical deficiencies are corre	an initial Ambulance License can be issued. This cled and RIDOH notified in writing thereof.
REINSPECTION REQUIRED The above Ambulance License can be issued. This v	-listed deficiencies must be corrected and vehicle MAY NOT be used for EMS function	I the vehicle MUST BE REINSPECTED before an ons until it has been successfully re-inspected.
CORRECTIBLE FAILURE(S) The above vehicle MAY be used for EMS functions on not be corrected within the correction per	during the correction period shown. Howe	fore an initial Ambulance License can be issued. This ver, this authorization will lapse should any deficiency of be notified in writing thereof.
INSTRUCTIONS: 1.) Correct all cited deficient deficiencies have been corrected; 3.) Fax this Division of EMS at (401) 222-2401 to make an	form to the Division of EMS a (401) 222-	Gisp. the Affadavit of Correction below to indicate that GB83; 4) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby ce	rilfy that all deficiencies gived in this inspector. Multiple Signature	ction have been corrected as of the date indicated. 9-23-13 Date of Correction
correcting all deficiencies, notifying RIDOH in	writing of the correction, and receiving a vie ambulance is not licensed by the Depa	vice may not use the vehicle for EMS functions until written reinstatement notice from RIDOH. To operate rtment of Health is a violation of Rhode Island General s (R23.4.1-EMS).
Que Parino Q. S	5/13 / Jak	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature

Austral



ANCE INSPECTION REPORT

__NEW VEHICLE

NOTIC	E OF DEFICIENCY	Vehicle has been found deficient a of inspection until the deficiencies	and will not be issued a Certificate listed herein have been corrected.
1. Hear	sine X6 Ma		[] Immediate 24 hours 2 bus, days 2 10 bus, days
2 infor	it ix.		☐ immediate ☐ 24 hours ☐ 2 bus, days 1 10 bus, days
CO AS	+ INFONT BUM		va Immediate □ 24 hours □ 2 bus, days □ 10 bus, days
73	(EU))	NHOSE TO #	/ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
۰۰ <u> </u>			☐ 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
<u> </u>			Immediate 24 hours 2 bus. days 10 bus. days
10			Immediate 24 hours 2 bus. days 10 bus. days
REIN Ambu CORI vehici not b	IE MAY NOT be used for EMS functions SPECTION REQUIRED The above plance License can be issued. This RECTIBLE FAILURE(S) The above is MAY be used for EMS functions a corrected within the correction posterior.	stions until all critical deliciencies are still ted deficiencies must be correctly vehicle MAY NOT be used for EMS e-listed deficiencies must be correct during the correction period shown above and/or should Riffuncies within the permitted time perios form to the Division of EMS at (40°).	perfore an initial Ambulance License can be issued. This corrected and RIDOH notified in writing thereof. Bed and the vehicle MUST BE REINSPECTED before an functions until it has been successfully re-inspected. Bed before an initial Ambulance License can be issued. This However, this authorization will lapse should any deficient DOH not be notified in writing thereof. Cold; 2.) Sign the Affadavit of Correction below to indicate that 1) 222-6683; 4.) If a reinspection is required, contact the
AFFADA	AVIT OF CORRECTION: I hereby of the corresponding to the corresponding t	ertify that all deficiencies cited imthis Manual M Signature	Inspection bave been corrected as of the date indicated. 9-9-13 Date of Correction

Law § 23-4.1-8 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

	Mescu ☐ Annual ☐ Spo
AMBULANCE INSPECTION REPORT To Med Tech Amb. Vehicle Plate 5330 Inspection Date 12/16	/N Inspector <u>Ausquayal</u>
PASSED Vehicle has met all Inspection requirements and will be issued a Cert	ificate of Inspection.
7	
NOTICE OF DEFICIENCY vehicle has been found deficient and of Inspection until the deficiencies lists	will not be issued a Certificate ed herein have been corrected.
1 SOL Howel x 2	
Lingers	and the contract of the contra
3	
4	☐ Immediate ☐ 24 hours ☐ 2 bus: days ☐ 10 bus. day
5	1mmediate ☐ 24 hours: ☐ 2 bus: days ☐ 10 bus: day
8	[] Immediate [] 24 hours [] 2 bus. days [] 10 bus. day
7	[mmediate] 24 hours] 2 bus. days] 10 bus. day
9	immediata
9- <u></u>	immediate ; 24 hours ; 2 bus; days ; 10 bus; da
10:	immediate _ 24 hours _ 2 bus. days _ 10 bus. da
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately sus	pended based on the critical failures listed above and
not be reinstated until all critical deticiencies are corrected and KIDOT is notific	
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automa any deficiency not be corrected within the correction period shown above and/o	A SHOOK I NO CO
REINSPECTION REQUIRED The vehicle must be re-inspected before a Certifi	
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2 deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 2 Division of EMS at (401) 222-2401 to make an appointment.	 Sign the Affadavit of Correction below to indicate the 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this in	spection have been corrected as of the date indicated
Lovis Parete Signature Signature	12/12/14
Service Representative Name Signature	Date of Correction

Mispector Signature Date

Service Representative Signature

Date



NEW VEHICLE

NOTICE OF DEFICIENCY VARIED	e has been found deficient and will not be issued a Certificate
of Insp	ection until the deficiencies listed herein have been corrected.
1 Tethus for Shouldes Stra	☐ 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	
1	☐ Immediate ☐ 24 hours ☐ 2 bus: days ☐ 10 bus.
8	☐ Immediate ☐ 24 hours ☐ 2 bus days ☐ 10 bus
9	☐ limmediate ☐ 24 hours ☐ 2 bus days ☐ 10 bus
. 10	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus
vehicle MAY NOT be used for EMS functions unt	encies must be corrected before an initial Ambulance License can be Issued. This if all critical deficiencies are corrected and RIDOH notified in writing thereof. eficiencies must be corrected and the vehicle MUST BE REINSPECTED before a MAY NOT be used for EMS functions until it has been successfully re-inspected.
vehicle MAY be used for EMS functions during the not be corrected within the correction period show	eficiencies must be corrected before an initial Ambulance License can be issued. e correction period shown. However, this authorization will lapse should any defic wn above and/or should RIDOH not be notified in writing thereof.
deficiencies have been corrected; 3.) Fax this form to Division of EMS at (401) 222-2401 to make an appoin	
AFFADAVIT OF CORRECTION: I hereby certify that	all deficiencies cited in this inspection have been corrected as of the date indicated

Inspector Signature

Date

Service Representative Signature

0/23//

Date

TOP COPY; RIDOH BOTTOM COPY: Ambulance Service

Service AMBULANCE INSPECTION REP	NEW VEHICLE n Date 8 29 13 Inspector 1055M2 151
	be issued a Certificate of Inspection. The above listed Ambulance MS functions pending issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been four of Inspection until the	d deficient and will not be issued a Certificate deficiencies listed herein have been corrected.
1. <u>Fedi Whiel ood</u>	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 30 bus. days
2.	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
3. Valuele de to use Ranging	
4. dul	☐ 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
	encies are corrected and RIDOH notified in writing thereof. De corrected and the vehicle MUST BE REINSPECTED before an
not be corrected within the correction period shown above and/or INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted deficiencies have been corrected; 3.) Fax this form to the Division of El Division of EMS at (401) 222-2401 to make an appointment.	time period; 2.) Sign the Affadavit of Correction below to indicate that
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies c	ted in this inspection have been corrected as of the date indicated.
Louis Parente	m 8/29/13
Service Representative Name Signature	Date of Correction
NOTE: Once a vehicle's Ambulance License has been suspended, the correcting all deficiencies, notifying RIDOH in writing of the correction, an ambulance on public ways in this state if the ambulance is not license Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency	and receiving a written reinstatement notice from RIDOH. To operate sed by the Department of Health is a violation of Rhode Island General
All Assura 2/29/13 Inspector Signature Date	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service Service Representative Signature Date

AMBULANCE INSPECTION REPOR	T ☑Annual ☐ Spot
Service / With Gaus Life Figure Day Vehicle Plate 5/2 Inspection Date _	4/30/14 Inspector <u>Kace Association</u>
PASSED Vehicle has met all inspection requirements and will be issue	
NOTICE OF DEFICIENCY Vehicle has been found deficiently of Inspection until the deficient	ient and will not be issued a Certificate icies listed herein have been corrected.
r hight got Pt Comp x 1 Cotside L	[] Immediale 24 hours 2 bus: days 2/10 bus; days
itir karang ing ing ing panggan ang manggan karang ing panggan ang panggan ang panggan ing panggan ang panggan	Immediate
3	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
4	☐ Immediate: ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
50	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
6.	
7 Commence of the Commence of	[Immediate] 24 hours [2 bus, days [10 bus; days
PROPERTY OF THE STATE OF THE ST	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
The state of the s	☐ Immediate ☐ 24 hours ☐ 2 biss days ☐ 10 buss days
10:	☐ Immediats ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediate pot be reinstated until all critical deficiencies are corrected and RIDOH is	
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be a	utomatically suspended WITHOUT FURTHER NOTICE should
any describing not be corrected within the correction period shown above	
REINSPECTION REQUIRED The vehicle must be re-inspected before a	
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time per deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment.	
AFFADAVIT OF CORRECTION: I hereby certify that all defisiencies cited in t	this inspection have been corrected as of the date indicated
Tou (Sive)	- 327/14
Service Representative Name Signature	Date of Correction
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambul correcting all deficiencies, notifying RIDOH in writing of the correction, and recan ambulance on public ways in this state if the ambulance is not licensed by Eaw § 23-4, 1-6 and the Rules and Regulations Relating to Emergency Medica	ceiving a written reinstatement notice from RIDOH. To operate the Department of Health is a violation of Rhode Island General
(ackasmus) [141]	TOP COPY: RIDOH: BOTTOM COPY: Ambulanos Servica
Cinspector Date Service	e Representativé Signature Date 1/2011

Service Variagous For Vehicle Plate W Inspection Date MAIN Inspector	∠ [VAnnual [∏Spot
AND AMBULANCE INSPECTION REPORT	,
Walle Comment of the Market National Plate 164 Inspection Date 184 Inspector 401	mi
Service Assessment 2 Control and 2 Control a	
PASSED Véhicle has met all inspection requirements and will be issued a Certificate of Inspection.	
PASSED Vehicle has met all inspection requirements and will be issued a definite action of the property of the passes of the pas	
NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certific	ate
of Inspection until the deficiencies listed herein have been correct	ted.

	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 70 bu
Pedi dosiny dunia	Chiffel out
	☐ Immediate ☐ 24 hours ☐ 2 bus: days ☐ 10 bi
	☐ Immediate ☐ 24 hours ☐ 2 bus; days. ☐ 10 b
	[mmediate24 hours2 bus. days10 b
din di Piring mana ala ang mining mga Naji Ribi Piring mana mana mga mga mga Mari	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 30 b
7	☐ Immediate ☐ 24 frours ☐ 2 bus, days ☐ 30 b
9;	
g	
10	
oft be reinstated until all critical deficiencies are co CORRECTIBLE FAILURE(S) The vehicle's Ambul any deficiency not be corrected within the correctio REINSPECTION REQUIRED The vehicle must be	ance License will be automatically suspended WITHOUT FURTHER NOTICE in period shows above and/or should RIDOH not be notified in writing thereof, re-inspected before a Certificate of Inspection can be issued. The permitted time period: 2.) Sign the Affadavit of Correction below to indicate
deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of the control of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make an appointment of EMS at (401) 222-2401 to make at	nent. Lit deficiencies cited in this inspection have been corrected as of the date indica

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).

Auc hours

6/11/4 Date

Service Representative Signature

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

N	TO THE STATE OF TH	IENCY Vehicle has		int and will not be issued a Certificate
	Ch. Il Seat	of Inspectio	n until the deficienc	les listed herein have been corrected: ☐ Immediate ☐ 24 hours ☐ 2 bus: days ☐ 20 bus
			Terrena e e e e e e e e e e e e e e e e e e	
3.				☐ Immédiate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus
4.1				☐ Immediate: ☐ 24 hours ☐ 2 bvs. days ☐ 10 bus
5. <u>\</u>				Immediate: ☐ 24 hours ☐ 2 bus; days ☐ 10 bus
6				Immediate: [24 hours [2 bus: days [10 bus
7	e mere e e e e e e e e e e e e e e e e e			[Immediate [] 24 hours [] 2 bus, days [] 10 bus
9				immediate: ☐ 24 hours ☐ 2 bus: days: ☐ 10 bus
9				☐ Irrimediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus
10 _				☐ Immediate ☐ 24 hours ☐ 2 bus days ☐ 10 bus
INS' defice Division	not-be reinstated until all critical CORRECTIBLE FAILURE(S). T any determine not be corrected REINSPECTION REQUIRED TO TRUCTIONS: 1.) Correct all cites ciencies have been corrected; 3. sion of EMS at (401) 222-2401 to	I deficiencies are correct The vehicle's Ambulance within the correction pe The vehicle must be re-in d deficiencies within the) Fax this form to the Di or make an appointment.	ted and RIDOH is not be auditioned with the audition of EMS at (4)	tomatically suspended WITHOUT FURTHER NOTICE s and/or should RIDOH not be notified in writing thereof. certificate of inspection can be issued. od; 2.) Sign the Affadavit of Correction below to indicate on) 222-6683; 4.) If a reinspection is required, contact the
ĀF	FADAVIT OF CORRECTION:	hereby certify tha l all de	ficiencies cited in th	is inspection have been corrected as of the date indicated

PASSED Vehicle has me	et all inspection requirements and will b	e issued a Certificate of Inspection.
NOTICE OF DEF	ICIENCY Vehicle has been foun	d deficient and will not be issued a Certificate
01 2000	of Inspection until the o	deficiencies listed herein have been corrected.
1 Redi dosing	aenae	
		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bu
		Immediate 24 hours 2 bus. days 10 bu
<u>5.</u>		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bi
6		☐ Immédiate ☐ 24 hours ☐ 2 bus: days ☐ 10 bi
7		îmmēdiatē;
9 <u> </u>		Immediate: 24 hours: 2 hus, days: 10 bi
		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus. ☐ Immediate ☐ 24 frours ☐ 2 bus, days ☐ 10 bus.
not-be reinstated until all of CORRECTIBLE FAILURE any deficiency not be correct REINSPECTION REQUIREMSTRUCTIONS: 1.) Correct all	ritical deficiencies are corrected and RII (S) The vehicle's Ambulance License we detend within the correction period shown (ED The vehicle must be re-inspected but the deficiencies within the permitted add (3.) Fax this form to the Division of Election (1.5).	mediately suspended based on the critical failures listed above DOH is notified in writing thereof. will be automatically suspended WITHOUT FURTHER NOTICE in above and/or should RIDOH not be notified in writing thereof. efore a Certificate of Inspection can be issued. time period; 2.) Sign the Affadavit of Correction below to indicat MS at (401) 222-6683; 4.) If a reinspection is required, contact to
AFFADAVIT OF CORRECTION Tray Sheet Service Representative Name	ON: I hereby certify that a li deficiencies o	cited in this inspection have been corrected as of the date indicate S J L L S Date of Correction
NOTE: Once a vehicle's Ambul	lance License has been suspended; the ying RIDOH in writing of the correction, if this state if the ambulance is not licen	e Ambulance Service may not use the vehicle for EMS functions and receiving a written reinstatement notice from RIDOH. To op

AMBULANCE INSPECTION REPORT	☑ Annuál 🕒 Spöt
Service Normaguesett Fine Dy Vehicle Plate \$59. Inspection Date 430	14 Inspector Respunse 1
PASSED Vehicle has met all inspection requirements and will be issued a Cer	ritificate of Inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient and of Inspection until the deficiencies list	4、多点,有4、1、1、5、2、1、1、1、1、4、4、4、4、5、5、5、5、5、1、1、1、1、1、1、1
	☐ Immediate ☐ 24 hours ☑2 bus; days; ☐ 10 bus; days.
2	☐ immediate ☐ 24 hours ☐ 2 bus; days ☐ 10 būs; days
4.	Immediate [] 24 hours [] 2 bus, days [] 10 bus, days.
S CONTRACTOR OF THE CONTRACTOR	☐ Immediate ☐ 24 hours ☐ 2 bus; days ☐ 10 bus; days
6 <u></u>	
★	immediate: 24 hours 22 bus: days: 10 bus: days.
9	Immediale 24 hours 2 bus; days 10 bus; days
9.	Immediate
10. <u>************************************</u>	
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately suspinot be reinstated until all critical deficiencies are corrected and RIDOH is notified	
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automat any deficiency not be corrected within the correction period shown above and/or	ically suspended WITHOUT FURTHER NOTICE should
REINSPECTION REQUIRED The vehicle must be re-inspected before a Certific	
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2	
deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment.	22-063, §.) It a reinspection is required, comact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this ins	pection have been corrected as of the date indicated
Tray CSweet (10	— azi <i>n</i>
Service Répresentative Name Signature	Date of Correction
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance S	service may not use the vehicle for EMS functions until
correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving an ambulance on public ways in this state if the ambulance is not licensed by the De	partment of Health is a violation of Rhode Island General
Eaw § 23-4-1-6 and the Rules and Regulations Relating to Emergency Medical Servi	ces (R23-4.1-EMS).
	TOP COPY: RIDOH: BOTTOM COPY: Ampulance, Service
Que Yann 0 1/4/4 00	77 choling
nspector Signature Date Service Repres	sentative Signature Date

AMBULANCE INSPECTION REPORT	MAnnual Spot
Service Masouville Fine. Vehicle Plate 36 Inspection Date 9-28	14 Inspector NOSSALIS
PASSED Vehicle has met all inspection requirements and will be issued a Certific	ate of Inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed	I not be issued a Certificate herein have been corrected.
1 Oval Benadry Song	Immediate 24 hours 2 bus. days 10 bus. days
VEDI 1:1000 3 CC - Haz Epipon & Zec	s_ [] Immediate [] 24 hours [5] 2 bus. days [] 10 bus. days
3 infant NE	☐ 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 suspend 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 automatical any deficiency not be corrected within the correction period shown above and/or shown.	y suspended WITHOUT FURTHER NOTICE should build 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.) Si deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6 Division of EMS at (401) 222-2401 to make an appointment.	gn the Affadavit of Correction below to indicate that 683, 4) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspec	tion have been corrected as of the date indicated
Service Representative Name Suprature	Date of Correction
	the state of the second st

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).

(A. W. Jessmul)

9-28-14

Service Representative Signature

9/28/14

TOP COPY RIDOH -- BOTTOM COPY: Ambulance Service

09/30/2014 16:40 FAX	<i>ស្ត្រប្រ</i> ប់វ
AMBULANCE INSPECTION REPORT	▼Annual □ Spot
Service Mason Willia Fine. Vehicle Plate 558 Inspection Date 9/39/	4 Inspector 16055141151
PASSED Vehicle has met all inspection requirements and will be issued a Certifi	cate of inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient and w of Inspection until the deficiencies listed	ill not be issued a Certificate I herein have been corrected.
1. Takant + Pedi Bo Coff	[]Immediate 24 hours 2 bus, days 10 bus, days
7 1	
V3 Coi 1:1000 500 Amps or Multidouse vial	jinmediate 🔲 24 hours 🔲 2 bus. days 🔲 10 bus. days
M 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
9	[] Immediate [] 24 hours [] 2 bus. days [] 10 bus. days
9	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus.:days
10.	mmediate 24 hours 2 bus. days 10 bus. days
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately susper not be reinstated until all critical deficiencies are corrected and RIDOH is notified in CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automatical.	n writing thereot. Ally suspended WITHOUT FURTHER NOTICE should
any deficiency not be corrected within the correction period shown above and/or si	hould RIDOH not be notified in writing thereof,
REINSPECTION REQUIRED The vehicle must be re-inspected before a Certificat	
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) S	Sign the Affadavit of Correction below to indicate that

Division of EMS at (401) 222-2401 to make a	an appointment.	
AFFADAVIT OF CORRECTION: I hereby c	ertify that all deficiencies cited in this ins	pection have been corrected as of the date indicated 1 3 14 Date of Correction

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

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).

Ar spector Signature

BOTTOM COPY: Ambulance Service

Service Representative Signature

AMBULANCE INSPECTION REPORT	Annual Sp
vice Nasocville Time. Vehicle Plate 241 Inspection Date 9-7	19-14 Inspector 1095MISI
PASSED Vehicle has met all inspection requirements and will be issued a C	Certificate of Inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient a of Inspection until the deficiencies	
Lrufant BP Coff	[] Immediale [] 24 hours [X[2] bus. days [] 10 bus. day
12. 8 right out lightbar.	☐ Immediate ☐ 24 hours ∰ 2 bus, days ☐ 10 bus. day
3 Light out lightbar.	Immediate 24 hours 2 bus. days 16 bus. day
4	•
5	Immediate 24 hours 2 bus. days 10 bus. da
6	immediate 24 hours 2 hus, days 10 bus, da
7.	[] Immediale 24 hours 2 bus. days 10 bus. da
9	Immediate 24 hours 2 bus. days 10 bus. da
	[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, da
10.	:
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately su not be reinstated until all critical deficiencies are corrected and RIDOH is notifically considered and RIDOH is notifically considered and RIDOH is notifically deficiency not be corrected within the correction period shown above and REINSPECTION REQUIRED The vehicle must be re-inspected before a Certifical REINSPECTIONS: 1.) Correct all cited deficiencies within the permitted time period;	ied in writing thereof, attically suspended WITHOUT FURTHER NOTICE should repeat the should RIDOH not be notified in writing thereof, flicate of Inspection can be issued. 2.) Sign the Affadavit of Correction below to indicate the
deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) Division of EMS at (401) 222-2401 to make an appointment.	-
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this in	ispection have been corrected as of the date indicated
17 Ken Jack	

Service Representative Signature

1/2011

Date



NOTICE OF DEFICIENCY Ve	hicle has been found deficient and will not be issued a Certificate
	inspection until the deficiencies listed herein have been corrected.
	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. day
	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 30 bus. da
3. Porti sufent BUH / SE/E NKB	. ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days ☐ 10 bus, days ☐ 2 bus, days ☐ 2 bus, days ☐ 10 bus, days ☐ 2 bus, days ☐
4	☐ Immediate ☐ 24 hours ☐ 2 bys. days ☐ 10 bus. day
5.	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d
7	
9	
9.	
	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
IMMEDIATE FAILURE(S) The above-listed doverhicle MAY NOT be used for EMS functions REINSPECTION REQUIRED The above-liste Ambulance License can be issued. This vehicle CORRECTIBLE FAILURE(S) The above-liste uphiele MAY be used for EMS functions during	eficiencies must be corrected before an initial Ambulance License can be issued. This until all critical deficiencies are corrected and RIDOH notified in writing thereof. In deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an itele MAY NOT be used for EMS functions until it has been successfully re-inspected. In deficiencies must be corrected before an initial Ambulance License can be issued. The goal of the correction period shown. However, this authorization will lapse should any deficiency shown above and/or should RIDOH not be notified in writing thereof.

NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for Livis Interiors that correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstalement 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

AND JOURN JOURN Date

Sérvice Representative Signature

Date

*	, O 1	i i	· ¿,	, ,
77.7	- A	k.	09	Ę.

DANNOW!

Service is hereby authorized to use this vehicle	will be issued a Certificate of Inspection. The above listed Ambulance for EMS functions pending issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been of Inspection until	found deficient and will not be issued a Certificate the deficiencies listed herein have been corrected.
1. lede lads	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2 Pade dosing	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
3. inhart Partie Ut	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
4. Coral Ellueare	☐ 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	
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
vehicle MAY NOT be used for EMS functions until all critical	st be corrected before an initial Ambulance License can be issued. This deficiencies are corrected and RIDOH notified in writing thereof.
REINSPECTION REQUIRED The above-listed deficiencies Afribulance License can be issued. This vehicle MAY NOT be	must be corrected and the vehicle MUST BE REINSPECTED before an 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 n period shown. However, this authorization will lapse should any deficiency and/or should RIDOH not be notified in writing thereof.
	nitted time period: 2.) Sign the Affadavit of Correction below to indicate that
was 1100 to 1000 to 1000 the parent	n of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the
INSTRUCTIONS: 1.) Correct all cited deficiencies within the perr deficiencies have been corrected; 3.) Fax this form to the Division Division of EMS at (401) 222-2401 to make an appointment.	n of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the ncies cited in this inspection have been corrected as of the date indicated. Date of Correction

Service Representative Signature

Date

Service de Mary stores Eva Vehicle Plate 589 Inspection Date 1122 12

☐Annual ☐ Spot

02/04

NC	TICE OF DEFICIENCY Vehicle	has been found deficient and will not be issued a Certificate action until the deficiencies listed herein have been corrected.
, ,		2 bus, days 10 bus, di
- 12	Leads Han Swelster Pens	· · · · · · · · · · · · · · · · · · ·
4. <u>. 25.</u> ع	The second second	/ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d
4.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
5.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
5. 5.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
7.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
9.		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d
9.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
10.		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d
	IMMEDIATE FAILURE(S) The above-listed deficiency vehicle MAY NOT be used for EMS functions until	encies must be corrected before an initial Ambulance License can be issued. This all critical deficiencies are corrected and RIDOH notified in writing thereof.
A	Ambulance License can be issued. This vehicle M CORRECTIBLE FAILURE(S) The above-listed do vehicle MAY be used for EMS functions during the not be corrected within the correction period show	eficiencies must be corrected before an initial Ambulance License can be issued. T e correction period shown. However, this authorization will lapse should any deficient an above and/or should RiDOH not be notified in writing thereof.
ţ	cioncies have been corrected: 3.) Fax this form to t	in the permitted time period; 2.) Sign the Affadavit of Correction below to indicate t he Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the ment.
dof	ision of EMS at (401) 222-2401 to make an appoint	
def Div	ision of EMS at (401) 222-2401 to make an appoint	all deficiencies cited in this inspection have been corrected as of the date indicated.

Service

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Service Representative Signature

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



Afrispector Signature

AMBULANCE INSPECTION REPORT

Annual	Spot
--------	------

_ PA	Vehicle has met all inspection requirements and will be issued a Certific Service is hereby authorized to use this vehicle for EMS functions pend	cate of Inspection. The above listed Ambulance ling issuance of an initial Ambulance License.
اسست	OTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed h	JEIGIT 18846 DOON CONTOURGE.
4	Pt Coup lights x 2 Completed 19600 WS	Immediate 24 hours 2 bus. days 10 bus. days
اد ا	- way was	Immediate 24 hours 2 bus, days 10 bus, days
<i>د.</i>		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
J		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
Q		Immediate 24 hours 2 bus, days 10 bus, days
·-	([] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days
dat	IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before a vehicle MAY NOT be used for EMS functions until all critical deficiencies are correct REINSPECTION REQUIRED The above-listed deficiencies must be corrected and Ambulance License can be issued. This vehicle MAY NOT be used for EMS function CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before vehicle MAY be used for EMS functions during the correction period shown. However, not be corrected within the correction period shown above and/or should RIDOH not structions: 1.) Correct all cited deficiencies within the permitted time period; 2.) Structions of EMS at (401) 222-4 dision of EMS at (401) 222-2401 to make an appointment.	the vehicle MUST BE REINSPECTED before an ansuntil it has been successfully re-inspected. The an initial Ambulance License can be issued. This wer, this authorization will lapse should any deficience to be notified in writing thereof.
	FFADAVIT OF GORRECTION: Increby certify that all deficiencies cited in this inspection. FFADAVIT OF GORRECTION: Increby certify that all deficiencies cited in this inspection. France of the contraction	tion have been corrected as of the date indicated. How I Jam 70/3 Date of Correction

Service Representative Signature

٤

AMBULANCE INSPECTION REPORT

☑Annual ☐ Spot

Service A. Kingsto	SUM Fine Vehicle Plate 2978 Inspection Date 1/22/13	Inspector <u>Jossuu</u> 3/
PASSED	Vehicle has met all inspection requirements and will be issued a Certific Service is hereby authorized to use this vehicle for EMS functions pending	rate of Inspection. The above listed Ambulance ing issuance of an initial Ambulance License.
NOTICE	OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed h	not be issued a Certificate erein have been corrected.
1. Deads:	Naccan corrected 1730 ms	ja Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
7	Oral Glucose Corrected 1730 hrs	[] immediate [] 24 hours [] 2 bus, days [] 10 bus, days
3	Oral Remodel Coverted 1730 WS	_ 🖂 Immediate 📈 24 hours 🖂 2 bus, days 🔲 10 bus, days
J	Your Corrected 1730 WS	
5-600	· 105 (00) 1-22-13	/
OFT TUE	bas for CT Kit corrected 1730 WS	Immediate 24 hours 2 bus, days 10 bus, days
0, <u></u>	partnert Lights Corrected 1400 wg	Immediate 24 hours 2 bus. days 10 bus. days
1. It was	A - COS(00) 1-22-13	Immediate24.hours2.bus.days10.bus.day
\$	- expect	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day
9,		□ immediate □ 24 hours □ 2 bus, days □ 10 bus, day
vehicle MA	FE FAILURE(S) The above-listed deficiencies must be corrected before an AY NOT be used for EMS functions until all critical deficiencies are corrected.	n initial Ambulance License can be issued. This ed and RIDOH notified in writing thereof.
Ambulance	CTION REQUIRED The above-listed deficiencies must be corrected and the License can be issued. This vehicle MAY NOT be used for EMS function	is until it has been successibily re-inspected.
unbida MA	FIBLE FAILURE(S) The above-listed deficiencies must be corrected befor AY be used for EMS functions during the correction period shown. However rected within the correction period shown above and/or should RIDOH not	ir, this sumonization will labse should any delicient
deficiencies hav	IS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sig ve been corrected; 3.) Fax this form to the Division of EMS at (401) 222-66 S at (401) 222-2401 to make an appointment.	on the Affadavit of Correction below to indicate tha 383; 4.) If a reinspection is required, contact the
AFFADAVIT (OF CORRECTION: I hereby certify that all deficiencies cited in this inspect	log have been corrected as of the date indicated.

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).

Service Representative Name

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Date of Correction

Service	AMBULANCE INSPECTION REPORT Le 11 Seituale Fix. Vehicle Plate 8 Inspection Date 12/9	1.4	[MAnnual	Spot
	PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection.			
T	NOTICE OF DEFICIENCY Vehicle has been found deficient and of Inspection until the deficiencies liste	d herein have been corrected	-	· · · · · · · · · · · · · · · · · · ·
	1. Strobe light out light bar	mmediate 24 hours 2	bus. days 500	ous. days
	2	Immediate 24 hours 2	bus. days 🔲 10 l	ous. days
	3			
	4	[] Immediate [] 24 hours [] 2	bua. days 🔲 10 i	bus. days
	5	Immediate 24 hours 2	bus, days 🔲 10 t	ous. days
	δ,	Immediate 24 hours 2	bus. days 🗀 10 t	ous. days
	7	Immediate 24 hours 2	bus. days 🗀 10 b	ous. days
	9	Immediate 24 hours 2	bus. days 🔲 10 b	us, days
	9	Immediate 24 hours 2	bus. days 📋 10 b	ius days
	10			
	IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately suspended 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 automatica any deficiency not be corrected within the correction period shown above and/or sh	lly suspended WITHOUT FURT ould RIDOH not be notified in v	HER NOTICE writing thereof.	should
	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.) Sideficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-1 Division of EMS at (401) 222-2401 to make an appointment.	ign the Affadavit of Correction to 1683; 4.) If a reinspection is req	pelow to indicat uired, contact (te that he
A	AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspector. Resident and description of the service Representative Name Service Representative Name	tion have been corrected as of the	414	d
	NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a wan ambulance on public ways in this state if the ambulance is not licensed by the Depart Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services	ritten reinstatement notice from ment of Health is a violation of	RIDOH To or	\erate

nspector Signature

Service Representative Signature Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

R-3

ICE INSPECTION REPORT M Annual Spot Fine Vehicle Plate 1046 Inspection Date 113 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. Lente Stroke Ly hours Fixed □ Immediate □ 24 hours □ 2 bus. days ☑ 10 bus. days ______ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days _____ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days ______ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days immediate 24 hours 2 bus, days 10 bus days _____ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days IMMEDIATE FAILURE(S) The 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 Affadavit 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 La Large 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

TOP COPY: Ambulance Service

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

TOP COPY: Ambulance



. Ser place .	
☑ Annual	Spot

	CY Vehicle has been found deficient of Inspection until the deficiencies	and will not be issued a Certificate s listed herein have been corrected.
1. 1 Lightout Rear Red	FIXED	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 10/bus. day
21 hight out had	Fixed	Immediate 24 hours 2 bus. days 10 bus. day
3. lette 10th 100	Replaced	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 10 bus. da
4		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, da
5		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. day
6		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. day
7		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da
9		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da
9,		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da
10.		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da
not be reinstated until all critical deficition of the reinstated until all critical deficitions and deficiency not be corrected within REINSPECTION REQUIRED The veil INSTRUCTIONS: 1.) Correct all cited deficited deficitions.	encies are corrected and RIDOH is no hicle's Ambulance License will be auto the correction period shown above ar hicle must be re-inspected before a Ce ciencies within the permitted time perio this form to the Division of EMS at (40°	matically suspended WITHOUT FURTHER NOTICE shound/or should RIDOH not be notified in writing thereof.
	y certify that all deficiencies cited in this	s inspection have been corrected as of the date indicated

Swifthfred Fine. Vehicle Plate 1247 Inspection Date 4/3/14 Inspector Rossmus

Inspector Signature

Date

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Service Representative Signature

Date

BOTTOM COPY: Ambulance Service



Service M. Smithileld	INSPECTIO	N REPORT	Annual	☐ Spot
Service M. Sauthilled	_ Vehicle Plate 455	Inspection Date 434	_ Inspector	
PASSED Vehicle has met	all inspection requiremen	ts and will be issued a Certificate	of Inspection.	

Light was REPLACED	
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
6	Immediate 24 hours 2 bus, days 10 bus,
7	∏Immediate
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 vehicle's Ambulance License is immediate not be reinstated until all critical deficiencies are corrected and RIDOH CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be any deficiency not be corrected within the correction period shown about REINSPECTION REQUIRED The vehicle must be re-inspected before INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment.	I is notified in writing thereof. e automatically suspended WITHOUT FURTHER NOTICE shove and/or should RIDOH not be notified in writing thereof. e a Certificate of Inspection can be issued. period; 2.) Sign the Affadavit of Correction below to indicate

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

7 - 3 - / 1

Service Representative Signature Date

E-2

AMBULANCE INSPECTION REPORT

✓ Annual ☐ Spot

FA	SSED Vehicle has met all in	spection requiremen	its and will be issued a	a Certificate of Inspection.	
,					
NO	TICE OF DEFICIE	of Inspecti		nt and will not be issued a Certificate es listed herein have been corrected. ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 1	(0 hus. c
2	edi Whul	PEPhi	NED :	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 1	
3				Immediate 24 hours 2 bus. days 1	
4				Immediate 24 hours 2 bus. days 1	10 bus.
5				Immediate	10 bus.
6				[] Immediate [] 24 hours [] 2 bus. days [] 1	10 bus.
7				Immediate 24 hours 2 bus. days 1	10 bus.
9				Immediate 24 hours 2 bus. days 1	10 bus.
9					
10				☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 1	10 bus.
 []	not be reinstated until all critical d CORRECTIBLE FAILURE(S) The	eficiencies are corre e vehicle's Ambulan	ected and RIDOH is no ce License will be auto	y suspended based on the critical failures listed abo otified in writing thereof. tomatically suspended WITHOUT FURTHER NOTIC and/or should RIDOH not be notified in writing thereo	CE sh
_		·		Certificate of Inspection can be issued.	oi.
INST defici	RUCTIONS: 1.) Correct all cited of	deficiencies within the lack this form to the lack	ne permitted time perio Division of EMS at (40	od; 2.) Sign the Affadavit of Correction below to indi 01) 222-6683; 4.) If a reinspection is required, conta	
AFI	FADAVIT OF CORRECTION: I he	ereby certify that all o	deficiencies cited in this	is inspection have been corrected as of the date indic	cated
- 1	vice Representative Name		Signature	Date of Correction	

Inspector Signature Date

Service Representative Signature

Date

Service Place Fine Dept Vehicle Plate 96 Inspection Date 9	/14/14 Inspector ROSSMIS/
PASSED Vehicle has met all inspection requirements and will be issued a	a Certificate of Inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient of Inspection until the deficiencies.	es listed herein have been corrected.
2 July 17 DONE 9117/14 st	∏Immediate
3	fimmediate 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
	[Immediate] 24 hours] 2 bus, days] 10 bus, days
9	<u></u>
10	Immediate 24 hours 2 bus, days 10 bus days
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately not be reinstated until all critical deficiencies are corrected and RIDOH is no	v suspended based on the critical failures listed above and will oblified in writing thereof.
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be aut any deficiency not be corrected within the correction period shown above a	nmatically suspended WITHOUT FURTHER NOTICE should
REINSPECTION REQUIRED The vehicle must be re-inspected before a C	ertificate of Inspection can be issued.
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time peri deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (40 Division of EMS at (401) 222-2401 to make an appointment.	od; 2.) Sign the Affadavit of Correction below to indicate that 01) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in the Service Representative Name Signature	10 4 10
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambula correcting all deficiencies, notifying RIDOH in writing of the correction, and rece an ambulance on public ways in this state if the ambulance is not licensed by the Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical	piving a written reinstatement notice from RIDOH. To operate he Department of Health is a violation of Rhode Island Gener

Aug Lassums !

TOP GOPY: RIDOH BOTTOM COPY: Ambulance Service

Date

1/2011

rvice Representative Signature

	Vehicle Plate 976		cate of inspection.
·			
NOTICE OF	DEFICIENCY Vehicle	has been found deficient and water the control of t	ill not be issued a Certificate herein have been corrected.
. Sheliher	Straps Not appropri	ate for Strukeher.	Immediate 24 hours 2 bus. days 0 bus. d
1			[] Immediate [] 24 hours [] 2 bus. days [] 10 bus. d
3			Chmmediate 🔲 24 hours 🔲 2 bus. days 🔲 10 bus. d
4			[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, d
5.			[Immediate] 24 hours] 2 bus, days] 10 bus, c
6	,		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, t
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.	<u> </u>		[Immediate] 24 hours] 2 bus. days [] 10 bus
not be reinstate	ed until all critical deficiencies are c	corrected and RIDON is notined to	nded based on the critical failures listed above an in writing thereof. ally suspended WITHOUT FURTHER NOTICE sh should RIDOH not be notified in writing thereof.
REINSPECTIO	ON REQUIRED The vehicle must b	e re-inspected before a Certifica	ite of Inspection can be issued.
INSTRUCTIONS: 1	1.) Correct all cited deficiencles with been corrected; 3.) Fax this form to (401) 222-2401 to make an appoin	THE DIVISION OF FIME SING ALLAND YEAR	Sign the Affadavit of Correction below to indicate 2-6683. 41) If a reinspection is required, contact the
AFFADAVIT OF Service Representation	VCA	all deficiencies cited in this insp 1 10 0 5 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Date of Correction
NOTE: Once a vel	hicle's Ambulance License has been iencies, notifying RIDOH in writing	en suspended, the Ambulance Son the correction, and receiving	ervice may not use the vehicle for EMS functions to a written reinstatement notice from RIDOH. To operatment of Health is a violation of Rhode Island G

AMBULANCE INSPECTION REPORT	Armual □ Spot
Service Portsucuth Fine Dept Vehicle Plate 25 Inspection Date 1312	_ Inspector Assausl
PASSED Vehicle has met all inspection requirements and will be issued a Certifical Service is hereby authorized to use this vehicle for EMS functions pendire	ite of Inspection. The above listed Ambulance
NOTICE OF DEFICIENCY Vehicle has been found deficient and will report of Inspection until the deficiencies listed her	rein have deen confected.
1. Tether for shootcher Straps	_ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
	_ ☐ immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
	_ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
Vehicle of to use in interin	_ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
5. Collaconing 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
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 vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the REINSPECTION REQUIRED.	e vehicle MI IST BE REINSPECTED before an
Ambulance License can be issued. This vehicle MAY NOT be used for Einst functions	S GIRL IN THE SOUR SHOWS A STATE OF
CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before vehicle MAY be used for EMS functions during the correction period shown. However, 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.) Sig deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-56 Division of EMS at (401) 222-2401 to make an appointment.	00, 1,7 1, 2
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection	on have been corrected as of the date indicated.
Michael P Onice Signature	Date of Correction
Service Representative Native	1 1 1 2 F176 5 L
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a writing armbulance on public ways in this state if the ambulance is not licensed by the Departr Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services	nent of Health is a violation of Rhode Island General



· · · · · · · · · · · · · · · · · · ·	ficiencles listed herein have been corrected.
1. Stor 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 i 24 hours 2 bus. days 10 bus. days
ß	☐ 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	☐ Immediale ☐ 24 hours ☐ 2 bus, days ☐ 10 bus. days
IMMEDIATE FAILURE(S) The above-listed deficiencies must be corvehicle MAY NOT be used for EMS functions until all critical deficien	cies are corrected and RIDOH notified in writing thereof.
	cies are corrected and RIDOH notified in writing thereof. corrected and the vehicle MUST BE REINSPECTED before an for EMS functions until it has been successfully re-inspected. corrected before an initial Ambulance License can be issued. This shown. However, this authorization will lapse should any deficiency ould RIDOH not be notified in writing thereof.
vehicle MAY NOT be used for EMS functions until all critical deficient REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be Issued. This vehicle MAY NOT be used it CORRECTIBLE FAILURE(S) The above-listed deficiencies must be vehicle MAY be used for EMS functions during the correction period not be corrected within the correction period shown above and/or shifted the corrected within the correction period shown above and/or shifted the deficiencies have been corrected; 3.) Fax this form to the Division of EMS Division of EMS at (401) 222-2401 to make an appointment. AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited.	cies are corrected and RIDOH notified in writing thereof. corrected and the vehicle MUST BE REINSPECTED before an for EMS functions until it has been successfully re-inspected. corrected before an Initial Ambulance License can be issued. This shown. However, this authorization will lapse should any deficiency ould RIDOH not be notified in writing thereof. the period; 2.) Sign the Affadavit of Correction below to indicate that is at (401) 222-6683; 4.) If a reinspection is required, contact the
vehicle MAY NOT be used for EMS functions until all critical deficient REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be Issued. This vehicle MAY NOT be used to CORRECTIBLE FAILURE(S) The above-listed deficiencies must be vehicle MAY be used for EMS functions during the correction period not be corrected within the correction period shown above and/or shi INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted tim deficiencies have been corrected; 3.) Fax this form to the Division of EMS Division of EMS at (401) 222-2401 to make an appointment.	cies are corrected and RIDOH notified in writing thereof. corrected and the vehicle MUST BE REINSPECTED before an for EMS functions until it has been successfully re-inspected. corrected before an initial Ambulance License can be issued. This shown. However, this authorization will lapse should any deficiency ould RIDOH not be notified in writing thereof. the period; 2.) Sign the Affadavit of Correction below to indicate that is at (401) 222-6683; 4.) If a reinspection is required, contact the

2013 0	0:03		1019342039	PAGE. 1/ 3
3/20		ECTION REPORT		ANALXA!
Service Solferville PASSED		ete <u>2069</u> Inspection Date <u>9</u>		
		d to use this vehicle for EMS funct		
_		Y Vehicle has been found deficient of Inspection until the deficienci	nt and will not be Issued a C es listed herein have been	corrected.
1. BYBA	Sow Tape, Pen	li what DOD.	Inwnediate	24 hours 🗌 2 bus. days 💌 10 bus, days

DMANAUTTAGE, Red when OD.	_
	_ 🗀 Immediate 🔂 24 hours 🔲 2 bus, days 🔲 10 bus, days
	_ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
	_ [] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days
	_ 🔲 immediate 📋 24 hours 📋 2 bus, days 🛗 10 bus, days
] Immediate _ 24 hours _ 2 bus, days _ 10 bus, days
	_ [] Immediate 24 hours 2 bus, days 10 bus, days
	Immediate 24 hours 2 bus, days 10 bus, days
	Immediate 24 hours 2 bus. days 10 bus. days
0	_ 🔲 Immediate 📋 24 hours 📋 2 bue, days 🔲 10 bus, days
REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions. CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before vehicle MAY be used for EMS functions during the correction period shown. However, not be corrected within the correction period shown above and/or should RIDOH not INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Significancies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-266 Division of EMS at (401) 222-2401 to make an appointment.	s until it has been successfully re-inspected. e an initial Ambulance License can be issued. This r, this authorization will lapse should any deficiency be notified in writing thereof. In the Affadavit of Correction below to indicate that
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection. Service Representative Name Signature	on have been corrected as of the date indicated.

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

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A CONTRACTOR

PANAGOL!

ervice fotherwilke Fine Reg Nahlcie Plate 4 Inspection Da	
PASSED Vehicle has met all inspection requirements and will be a Service is hereby authorized to use this vehicle for EMS	issued a Certificate of Inspection. The above ilsted Ambulance functions pending issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been found do of inspection until the defice	eficient and will not be issued a Certificate ciencies listed herein have been corrected.
1. Broselow type / Redi wheel 000	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 10 bus. days
	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	
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	☐ Immediale ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
10,	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be issued. This vehicle MAY NOT be used for CORRECTIBLE FAILURE(S) The above-listed deficiencies must be vehicle MAY be used for EMS functions during the correction period not be corrected within the correction period shown above and/or shown instructions: 1.) Correct all cited deficiencies within the permitted time deficiencies have been corrected; 3.) Fax this form to the Division of EMS Division of EMS at (401) 222-2401 to make an appointment.	or EMS functions until it has been successfully re-inspected. corrected before an initial Ambutance License can be issued. This shown. However, this authorization will lapse should any deficiency ould RIDOH not be notified in writing thereof. be period: 2.) Sign the Affadavit of Correction below to Indicate that
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited Service Representative Name Signature	d in this inspection have been corrected as of the date indicated.
NOTE: Once a vehicle's Ambulance License has been suspended, the A correcting all deficiencies, notlifying RIDOH in writing of the correction, an an ambulance on public ways in this state if the ambulance is not license Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Metallic States and S	nd receiving a written reinstatement notice from RIDOH. To operate and by the Department of Health is a violation of Rhode Island General
aic Leasure 9/23/13 Inspector Signature Date	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service Ambulance Service Service Representative Signature Data

AMBULANCE INSPECTION REPO	RT	☑ NEM AEHICLE
a Auction Attack from the Vehicle Plate (1976) Inspection Da	te	
PASSED Vehicle has met all Inspection requirements and will be I Service is hereby authorized to use this vehicle for EMS	ssued a Certificate of Inspection. The abo functions pending issuance of an Initial A	ove listed Ambulance mbulance License.
NOTICE OF DEFICIENCY Vehicle has been found do of Inspection until the deficiency	eficient and will not be issued a Certificate ciencles listed herein have been corrected	i.
5 Peter But list	[] Immediate [] 24 hours [] 2 bus. days 💽 10 bus. days
2. 1		
1		
4		
5		
6		
7		
9,		
9		
10		
IMMEDIATE FAILURE(S) The above-listed deficiencies must be convehicle MAY NOT be used for EMS functions until all critical deficience.	rected before an initial Ambulance License	e can be issued. This
REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be issued. This vehicle MAY NOT be used for	OLEMP INUCIOUS fruit It use peau species	atuny re-mapociau.
CORRECTIBLE FAILURE(S) The above-listed deficiencies must be vehicle MAY be used for EMS functions during the correction period not be corrected within the correction period shown above and/or shown	RUDALL LICAGARIT HIS BARRANCH AND AND A	han acreate only entretained
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time deficiencies have been corrected; 3.) Fax this form to the Division of EMS Division of EMS at (401) 222-2401 to make an appointment.	ne period; 2.) Sign the Affadavit of Correct 3 at (401) 222-6683; 4.) If a reInspection is	ion below to indicate that required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cite		of the date indicated.
	TINING TO S	, , ,

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

TOP COPY: RIOOH BOTTOM COPY: Ambulance Service

e Molasiona	Vehicle Plate 4040 ii	rspection Date 3/5//	Inspector
PASSED Vehicle has	met all Inspection requirements a	and will be issued a Certific	ate of Inspection.
1	FICIENCY Vehicle has b	until the deficiencies listed	nerein have been corrected.
1. dight out 2	ightbare		(Immediate 🔲 24 hours 🔲 2 bus, days 🔲 10 b
ν*	0	•	[] Immediate [] 24 hours [] 2 bus, days [] 10 b
3.		1	Immediate 24 hours 2 bus. days 10
4			Immediate 24 hours 2 bus, days 10
5			Immediate 24 hours 2 bus. days 10
8			Immediate 24 hours 2 bus. days 10
7.			Immediate 24 hours 2 bus. days 10
9		•	Immediate 24 hours 2 bus. days 10
		•	Immediate 24 hours 2 bus, days 10
			[Immediata 24 hours 2 bus, days 10
IMMEDIATE FAILUR	E(S) The vehicle's Ambulance Lice all critical deficiencies are correct	ense is immediately susper ed and RIDOH is notified in	ded based on the critical failures listed abov writing thereof.
CORPUCTION E EAN	UDE/S) The vehicle's Ambulance	License will be automatica	lly suspended WITHOUT FURTHER NOTIC rould RIDOH not be notified in writing thereo
	QUIRED The vehicle must be re-in		
INSTRUCTIONS: 1.) Corn deficiencies have been cor	ant all clean deficiencies within the	permitted time period; 2.) 8 vision of EMS at (401) 222-	Sign the Affadavit of Correction below to indic 6683; 4.) If a reinspection is required, contac
AFFADAVIT OF CORRE	ECTION: I hereby certify that all de	ficiencies cited in this inape	ction have been corrected as of the date indice $4-2L-3$
Service Representative Name	9	Signature	Date of Correction
			vice may not use the vehicle for EMS function

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service Date

1/2011

Date

AMBULANCE INSPECTION REPORT Service 10455 000 Vehicle Plate 3965 Inspection Data 1/6/13 Inspector Ressures/	Ē
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 deficiences listed herein have been corrected.	

1. 1 the W	out 32" Back	Condut	/ 9/20 Immediate 24 hours 2 bus. days 2710 bus.
2 AUL B	fredships. O	AR 9/1	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☑ 10 bus.
3. TAMBON D	2.00 L		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus.
4			Immediate: 24 hours 2 bus. days 10 bus.
5			
7			☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus.
Q.			☐ (mmediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus.
9.			
10.		Maria Harris	
Ambulance Lic CORRECTIBL vehicle MAY b not be correct INSTRUCTIONS: 1 deficiencies have b	ense can be issued. This vehicle. E FAILURE(S) The above-liste a used for EMS functions during a within the correction period so.) Correct all cited deficiencies to the correct all cited deficiencies to the correct all cited deficiencies.	He MAY NOT be used for E and deficiencies must be con go the correction period should shown above and/or should within the permitted time per to the Division of EMS at (nected and the vehicle MUST BE REINSPECTED before an MS functions until it has been successfully re-inspected. Trected before an initial Ambulance License can be Issued. The worker, this authorization will lapse should any deficiency of the notified in writing thereof. Priod; 2.) Sign the Affadavit of Correction below to indicate the 401) 222-6883, 4.) If a reinspection is required, contact the

France to Sephature Bate

TOP COPY: RIDON: BOTTOM COPY: Ambulance Service

A 13
Fica Representative Signature Date



ANU OCA

NEW VEHICLE

PASSED Vehicle has met all inspection requirements an Service is hereby authorized to use this vehicle	d will be issued a Certificate of Inspection. The above listed Ambulance for EMS functions pending issuance of an initial Ambulance License.
NOTICE OF DEFICIENCY Vehicle has been of Inspection until	n found deficient and will not be issued a Certificate Il the deficiencies listed herein have been corrected.
1. Pedi & whent we	☐ 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.
vehicle MAY NOT be used for EMS functions until all critical REINSPECTION REQUIRED The above-listed deficiencies Ambulance License can be issued. This vehicle MAY NOT I CORRECTIBLE FAILURE(S) The above-listed deficiencies vehicle MAY be used for EMS functions during the correction not be corrected within the correction period shown above a INSTRUCTIONS: 1.) Correct all cited deficiencies within the periodeficiencies have been corrected; 3.) Fax this form to the Divisio	st be corrected before an initial Ambulance License can be issued. This I deficiencies are corrected and RIDOH notified in writing thereof. must be corrected and the vehicle MUST BE REINSPECTED before are be used for EMS functions until it has been successfully re-inspected. must be corrected before an initial Ambulance License can be issued, on period shown. However, this authorization will lapse should any deficient and/or should RIDOH not be notified in writing thereof. mitted time period; 2.) Sign the Affadavit of Correction below to indicate in 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.	ncies cited in this inspection have been corrected as of the date indicated 23 04 13
Service Representative Name Sign	nature Date of Correction

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

Service Representative Signature

Date

AMBULAN	ICE INSPECTIO	N REPORT	۵	Danied DNEWVEHICLE
Service Array of			<u> 1 Inspector Lossues</u>	Sp. Market
PASSED Vehicle	has met all inspection requireme is hereby authorized to use this	ents and will be issued a Certif	icate of Inspection. The above li	sted Ambulance lance License.
NOTICE OF D	EFICIENCY Vehicle has of Inspecti	as been found deficient and wi on until the deficiencies listed	Il not be issued a Certificate herein have been corrected.	
1. Ped what our	0		Immediate 24 hours 2 bu	ıs. days 🗐 10 bus. days
2 Infant Pedi N			[Immediate] 24 hours] 2 bu	ıs. days 🔲 10 bus. days
3. Infaut NRB				ıs. days 🗐 10 bus. days
4			☐ Immediate ☐ 24 hours ☐ 2 bi	ıs. days 🔲 10 bus. days
5			Immediate 24 hours 2 br	ıs. days 🔲 10 bus. days
6			Immediate 24 hours 2 b	us. days 🔲 10 bus. days
7,			Immediate 24 hours 2 b	us. days 🔲 10 bus. days
9			Immediate 24 hours 2 b	us, days 🗌 10 bus, days
9			Immediate 24 hours 2 b	us. days 🔲 10 bus. days
10			Immediate 🔲 24 hours 🔲 2 b	us, days 🔲 10 bus, days
IMMEDIATE FAILUR	RE (S) The above-listed deficience used for EMS functions until all	ies must be corrected before a	an initial Ambulance License can	be issued. This g thereof.
REINSPECTION RE Ambulance License	QUIRED The above-listed defici can be issued. This vehicle MAY	encies must be corrected and NOT be used for EMS function	the vehicle MUST BE REINSPE ons until it has been successfully	CTED before an re-inspected.
vehicle MAY be used	ILURE(S) The above-listed deficed deficed the control of the contr	orrection period shown. Howe\	er, this authorization will lapse s	can be issued. This should any deficiency
deficiencies have been co	rect all cited deficiencies within to prrected; 3.) Fax this form to the 222-2401 to make an appointme	Division of EMS at (401) 222-1	ign the Affadavit of Correction b 6683; 4.) If a reinspection is requ	elow to indicate that lired, contact the
Joseph	L Laurent Ir	deficiencies cited in this inspec	tion have been corrected as of the	J 13
correcting all deficiencies	Ambulance License has been su s, notifying RIDOH in writing of th ways in this state if the ambulance Rules and Regulations Relating to	Ispended, the Ambulance Sen e correction, and receiving a vote is not licensed by the Depar	vice may not use the vehicle for vritten reinstatement notice from trment of Health is a violation of	EMS functions until

Date

Inspector Signature

Service Representative Signature

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

AMBULANCE INSPECTION REPORT	
venicle Plate 1698 Inspection Date	ie 8-22-14 Inspector 2059WB/
PASSED Vehicle has met all inspection requirements and will be iss	ued a Certificate of Inspection.
	ficient and will not be issued a Certificate lencies listed herein have been corrected.
1. Kedi Pads	Immediate 24 hours 2 bus. days. 10 bus. days
2	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
3	immediate iii 24 hours iii 2 bus, days iii 10 bus, days
4	Immediate 24 hours 2 bus, days 10 bus, days
5	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
δ,	[] immediale [] 24 hours [] 2 bus. days [] 10 bus. days
7	immediate 24 hours 2 bus, days 10 bus, days
9	immediate24 hours2 hus. days10 bus. days
9	immediate 24 hours 2 bus, days 10 bus, days
10	immediete 🗀 24 hours 🗀 2 bus. days 🗀 10 bus, days
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediate 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 any deficiency not be corrected within the correction period shown about	e automatically suspended WITHOUT FURTHER NOTICE should by and/or should RIDOH not be notified in writing thereof.
REINSPECTION REQUIRED The vehicle must be re-inspected before	
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time deficiencies have been corrected; 3.) Fax this form to the Division of EMS at Division of EMS at (401) 222-2401 to make an appointment.	period; 2.) Sign the Affadavit of Correction below to indicate that at (401) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited DEFFney S Have	9-1-2014.
Service Representative Name Signature	Date of Correction

aux likas min

\$ 22/14 Date

Service Representative Signature

TOP COPY: RIDOH

Date

BOTTOM COPY: Ambuisnee Service

ANBULA

AMBULANCE INSPECTION REPORT

Annual Spo

Service ALSO 10b Schehy Vehicle Plate 5/588 Inspection Date 5	11/14 Inspector Kossulal
PASSED Vehicle has met all inspection requirements and will be issued a	Certificate of Inspection.
NOTICE OF DEFICIENCY Vehicle has been found deficient of Inspection until the deficiencies	and will not be issued a Certificale s listed herein have been corrected.
, leds doring drive coo	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 36 bus, days
2. Trimigh Reflectors	Immediate 24 hours 2 bus. days 2402 bus. days
3. Isralation Kits XI	
4 Telent NC	· • • • • • • • • • • • • • • • • • • •
5	
6	
7	
	mmediate 24 hours 2 bus, days 10 bus, days
9	immediate 🕞 24 hours 🗍 2 bus, days 📋 10 bus days
10.	હે.
IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately not be reinstated until all critical deficiencies are corrected and RIDOH is no	suspended based on the critical failures listed above and will
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be auto any deficiency not be corrected within the correction period shown above an	matically suspended WITHOUT FURTHER NOTICE should
REINSPECTION REQUIRED The vehicle must be re-inspected before a Ce	ertificate of Inspection can be issued.
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time periodeficiencies have been corrected; 3.) Fax this form to the Division of EMS at (40 Division of EMS at (401) 222-2401 to make an appointment.	d; 2.) Sign the Affadavit of Correction below to indicate that 1) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this Service Representative Name Signature	s inspection have been corrected as of the date indicated The state of Correction
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulan correcting all deficiencies, notifying RIDOH in writing of the correction, and recei an ambulance on public ways in this state if the ambulance is not licensed by the Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical \$	ving a written reinstatement notice from RIDOH. To operate e Department of Health is a violation of Rhode Island General
Ein Lasmin 5/1/14 h.	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service
Complete S	Conrecentative Signature Date

Them of the		INSPECTION REP			Acres
Service //	v correga	Vehicle Plate 64% - 27 inspection	Date /	113 Inspector 1805	Suiz
PA	SSED Vehicle has m Service is here	et all inspection requirements and will by authorized to use this vehicle for E	be issued ——— Ce MS function————————————————————————————————————	ertificate of Inspection. The abo pending issuance of an initial A	ove listed Ambular Imbulance License
	TICE OF DEFI	CIENCY Vehicle has been found of Inspection until the co	leficiencie liste	I will not be issued a Certificate ed herein have been corrected	
					2 bus. days 🔲 10 bu
2				Immediate 24 hours	2 bus. days 🔲 10 bus
					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	ž bus. days ☐ 10 bus.
				Immediate 24 hours 2	! bus. days ☐ 10 bus.
9				[] Immediate [] 24 hours [] 2	bus. days 🔲 10 bus.
10	<u></u>			Immediate 24 hours 2	bus, days 🔲 10 bus,
[]o_11	MMEDIATE EAU LIDE(C) T	he above-listed deficiencies must be co or EMS functions until all critical deficie			
F A	REINSPECTION REQUIRE Ambulance License can be	D The above-listed deficiencies must bissued. This vehicle MAY NOT be used	e correctect and I for EMS fur in ctio	the vehicle MUST BE REINSPI ons until it has been successfully	ECTED before an y re-inspected.
(ν	whicle MAY he used for FM	5) The above-listed deficiencies must be its functions during the correction period correction period shown above and/or section.	d shown H	ore an initial Ambulance License ver, this authorization will lapse of the notified in writing thereof.	can be issued. The should any deficien

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

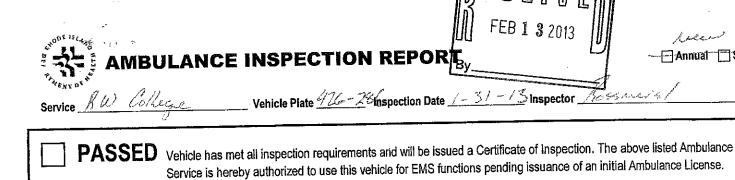
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; Sign the Affadavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 22-6683; 4.) If a reinspection is required, contact the

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 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

Division of EMS at (401) 222-2401 to make an appointment.



1. Pedi RVM	□ 24 hours □ 2 bus. days □ 10 bus. days
2. Pedi Ne	☐ 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 FAILURE(S) The above-listed deficiencies must be correctly vehicle MAY NOT be used for EMS functions until all critical deficience REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be issued. This vehicle MAY NOT be used for	corrected and the vehicle MUST BE REINSPECTED before an
CORRECTIBLE FAILURE(S) The above-listed deficiencies must be vehicle MAY be used for EMS functions during the correction period not be corrected within the correction period shown above and/or shown	corrected before an initial Ambulance License can be issued. This shown, However, this authorization will lapse should any deficiency
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted tim deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment.	e period; 2.) Sign the Affadavit of Correction below to indicate that at (401) 222-6683; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited	d in this inspection have been corrected as of the date indicated.

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Mrspector Signature Date

Service Representative Signature

Date

Neu

AMBULANCE INSPECTION REPORT

Amusi Spot

ment of challe	0
Service Salu Un wisity Vehicle Plate 54 445 Inspection Date 9/3/H	_ Inspector Nossuuf4/
PASSED Vehicle has met all inspection requirements and will be issued a Certifical	e of Inspection,
NOTICE OF DEFICIENCY Vehicle has been found deficient and will	
of Inspection until the deficiencies listed he	erein have been corrected.
· Redi whul Purple	_ ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
2 Narion 7.2 Mg 10 mg all together	_ [] Immediate [] 24 hours [] 2 bus. days [] 10 bus. days
3 Ep; 1:1000 x 1 cc/Mg mixing amp	☐ Immediata ☐ 24 hours ☐ 2 bus. days ☑ 10 bus. days
4	_ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
5 Vehicle of to use pending cornected	
6. def	_ ☐ trnmediate ☐ 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.	Immediale 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 suspend not be reinstated until all critical deficiencies are corrected and RIDOH is notified in v	vriting thereof.
CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automatically apy deficiency not be corrected within the correction period shown above and/or shown	suspended WITHOUT FURTHER NOTICE should uld 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 deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-60 Division of EMS at (401) 222-2401 to make an appointment.	in the Affadavit of Correction below to indicate that 583; 4.) If a reinspection is required, contact the
AFFADAVIT OF CORRECTION: I hereby certify that all deliciencies dided in this Implect	Date of Corpection
NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Servi correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a wrong an ambulance on public ways in this state if the ambulance is not licensed by the Depart Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services	itten reinstatement notice from RIDOH. To operate ment of Health is a violation of Rhode Island General
	OP COPY: RIDOH BOTTOM COPY: Ambulance Service
Quality 1 9/25/14	P123/14
Inspector Signature Bata Service Represent	alive Signature Date

AMBULANCE INS	PECTION REPORT	[] isunnal
Saylego: 160 Fine. Volte	lo Plato 887 Inspection Date 10/30/14 Inspect	Hossmir 1
PASSED Vehicle has met all inspe	action requirements and will be issued a Certificate of Inspec	tion.
/		
	ICY Vehicle has been found deficient and will not be issue of Inspection until the deficiencies listed herein have	peen corrected.
. Pedi done devine	(Must be 2011 Compliant AHA) Immedia	te 🔲 24 hours 🔲 2 bus, days 🔀 10 bus, (
2		te 🔲 24 hours 🔲 2 bus, days 🥅 10 bus.
3	Immedia	na 🔲 24 hours 🔲 2 bus, days 🔲 10 bus,
4	Immedia	ile 🔲 24 hours 🔲 2 bus, days 📋 10 bus,
5.	[] Inmedi	ate 🔲 24 hours 🔲 2 bus. days 📋 10 bus.
6.	Immedi	ate 🔲 24 hours 🗀 2 bus, days 🛗 10 bus,
7		ote 🔲 24 hours 🔲 2 bus, days 🔲 10 bus.
9	inmedi	ete 🔲 24 hours 🔲 2 bus, daya 📋 10 bus.
9	Immedi	oler 🔲 24 hours 🗂 2 bus, days 🔲 10 bus
10.		ate 🔲 24 hours 🗀 2 bus. days 🗀 10 bus,
IMMEDIATE FAILURE(S) The vehic	cle's Ambulance License is immediately suspended based of iciencies are corrected and RIDOH is notified in writing there we will be automatically suspended to the control of the control	ot.
any deficiency not be corrected with	venicle's Ambulance License will be automatically suspense hin 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	n can be issued.
INSTRUCTIONS: 1:) Correct all cited de deficiencies have been corrected; 3.) Fa Division of EMS at (401) 222-2401 to ma	eficiencies within the permitted time period; 2.) Sign the Affact ax this form to the Division of EMS at (401) 222-6683; 4.) If a ake an appointment.	lavit of Correction below to indicate reinspection is required, contact the
AFFADAVIT OF CORRECTION: there	aby certify that all deficiencies cited in this inspection have be	on corrected as of the date indicated
		11/10/14

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

AUX January 10/30/14

Service Representative Signature

Date

1/2011

Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).



Annual	□ Spot

Service	Stat Southern St Vehicle Plate 496 Inspection Date 8/30/14	_ inspector _ KOSS Me 13 /
	PASSED Vehicle has met all inspection requirements and will be issued a Certificate	e of Inspection.
	/	
Q	NOTICE OF DEFICIENCY Vehicle has been found deficient and will not of Inspection until the deficiencies listed he	ot be issued a Certificate rein have been corrected. 30 Jans
	1 PTS, Nords contra & haptop	Tinnedate 24 hours 2 bus days 10 bns days
	2 Latch for Bonrh Sant near Broken	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
	3 Surface Dank Retteriff That hold things	mmediate 24 hours 2 bus. days 10 bus. days
. `	4 <u>4 (0)</u>	☐ 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
	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 not be reinstated until all critical deficiencies are corrected and RIDOH is notified in wr	d based on the critical failures listed above and will iting thereof.
Ya.	CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automatically any deficiency not be corrected within the correction period shown above and/or show	suspended WITHOUT FURTHER NOTICE should Id 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 deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-668 Division of EMS at (401) 222-2401 to make an appointment.	the Affadavit of Correction below to indicate that 3; 4.) It a reinspection is required, contact the
	AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection. Service Representative Name Signature	n have been corrected as of the date indicated
	NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a writt an ambulance on public ways in this state if the ambulance is not licensed by the Departme Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R	ten reinstatement notice from RIDOH. To operate ent of Health is a violation of Rhode Island General

Inspector signature

\$ 29 14 Date

Service Representative Signature

BOTTOM COPY: Ambulance Servi

Date 1/2011



▼ Annual Spot

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	DACCED	
of Inspection until the deficiencies listed herein have been corrected. Mithin Not 2 bus. days 70 bus. d	PASSED Vehicle has met all inspection requirements and will be iss	ued a Certificate of Inspection.
of Inspection until the deficiencies listed herein have been corrected. Immediate 24 hours 2 bus. days 710 bus. days		
Immediate 24 hours 2 bus. days 10 bus. days 30 bus. days		
Immediate 24 hours 2 bus. days 10 bus. days	\wedge	·
Immediate 24 hours 2 bus. days 10 bus. days		
Immediate 24 hours 2 bus. days 10 bus. days	3. PTS needs to be configured	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
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 9. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10. Immediate	4	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
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 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10 bus. days 10. Immediate 24 hours 2 bus. days 10. Immediate 24 hours	5	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days
9	6	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
Immediate 24 hours 2 bus. days 10 bus days 10. Immediate 24 hours 2 bus. days 10 bus days 10. Immediate 24 hours 2 bus. days 10 bus days 10	. 7	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 wind the 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 Affadavit 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. AFEADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated	9	[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 Affadavit 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	9	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus days
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 Affadavit 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	10	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bussdays
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 Affadavit 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. AFEADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated	IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediate.	ately suspended based on the critical failures listed above and wil
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 Affadavit 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. AFEADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated.		-
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affadavit 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	any deficiency not be corrected within the correction period shown abo	ove and/or should RIDOH not be notified in writing thereof.
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 ORCO	REINSPECTION REQUIRED The vehicle must be re-inspected before	a Certificate of Inspection can be issued.
Frank Shace Cox 9/11/14	deficiencies have been corrected; 3.) Fax this form to the Division of EMS a	period; 2.) Sign the Affadavit of Correction below to indicate that it (401) 222-6683; 4.) If a reinspection is required, contact the
	50	_
the state of the s		Date of Correction

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 Genera Law § 23-4,1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS).

AUA AUA Date
Date

Service Representative Signature

UI. 08/28/1

BOT TOM COPY: Ambulance Service

AMBULANCE INSPECTION REPORT Service Stat Southwast Vehicle Plate 3568 Inspection Date 9-29-14 Inspector Lassaure | 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 beach Sect broken | Immediate 24 hours 2 bus. days 210 bus. days 2 looks days 110 bus. days 2 looks days 110 bus. days 3 looking that tacheres rea pharmaceurs | Immediate 24 hours 2 bus. days 10 bus. days 4 Shockhar such light bank in plant hour plant looks days 1 looks days 5 looks days 10 bus. days 10 looks days 10 bus. days 10 looks days 10 bus. days 10 looks days 10 looks days 10 bus. days 10 looks days 10 bus. days 10 looks days 10 looks

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.

☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days

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 Affadavit 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 certi	that all deficiencies cited in this	inspection have b	een corrected as of the date indicated
AFFADAVII OF CORRECTION. Thereby cert	ny triat du terre		$= 1 \cdot 1$
\ \-\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			9 1 1 1 1 1 1 1 1
J Vranic Ollagon	Simplify		Date of Correction
Service Representative Name	Signature	<u> </u>	

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

Service Répresentative Signature

Date

1/2011

AMBULANCE INSPECTION REPORT	∐ Annual	□Spo
Service Stat South coast Vehicle Plate 3922 Inspection Date 8 29/14 Inspector Rossac	usl	
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		

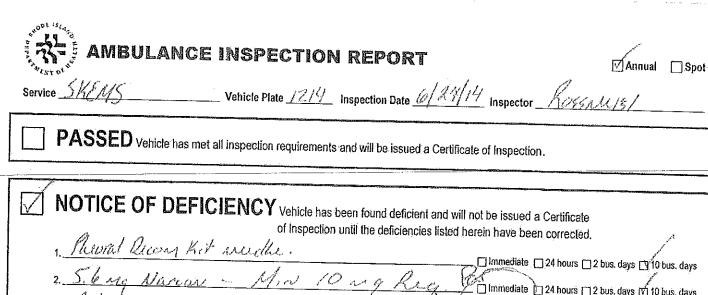
NOTICE OF DEFICIENCY Vehicle has been found deficient and w	***
of inspection until the deficiencies listed	vill not be issued a Certificate I herein have been corrected.
1. Child Seat	[] immediate [] 24 hours [] 2 bus, days [] 10 bus, days
2 Sixtion cauca in house	[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days
3 PD mens Computer & Config	☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 1/10 bus. days
4. Tear Airway seat bob	[] Immediate [] 24 hours [] 2 bus, days [2] 10 bus, days
5	/ ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days
6	Immediata 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 suspend not be reinstated until all critical deficiencies are corrected and RIDOH is notified in CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automatically any deficiency not be corrected within the correction period shown above and/or shown.	writing thereof.
INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-2401 to make an appointment.	on the Affecterist of Courseller Lat.
AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspecti	on 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 Servic correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a writ an ambulance on public ways in this state if the ambulance is not licensed by the Departm Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (§	tten reinstatement notice from RIDOH. To operate
auc Varmin 9/29/14 0	P COPY: RIBOH BOTTOM COPY: Ambulance Service
Inspector Signature Date Service Representation	ve Signature Date

_/	
 Annuai	Spot

\neg	PASSED Vehicle has met all inspection requirements and will be issued a Gertificate of Inspection.			
=	TACOLO VEHICLE HAS THE LAIFTISPECTION TEQUILEMENTS AND WILL DE 1550EU à CETURCALE OF INSPECTION.			
\overline{V}	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 - Must be working to configured finantialities 24 hours 1/2 bus, days for the sured			
. ; `	1. Most be working to Configured Simmediate 24 hours 2 bus, days 10 bus,			
	3 ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day			
	4 Immediate 24 hours 2 bus. days 10 bus. day			
	5 Innmediate 24 hours 2 bus. days 10 bus. day			
	6 ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. day			
	7 ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day			
	9			
	9 Immediate 24 hours 2 bus, days 10 bus days			
	10 Immediate 24 hours 25 hours			
	[Y] IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and work for the 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 apyrdeficiency 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 Affadavit 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.			
	AFPADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated			
	Hrank OKence- Solili4			
	Service Representative Name Signature Date of Correction			

Spector Signature

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service



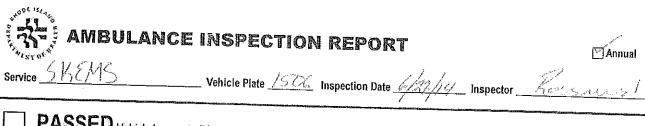
I MOTICE OF DEFICIEN	V Y Vehicle has been found deficient and	will not be issued a Certificate						
	Of Inspection until the deficiencies lists	ad harain have harm some to						
1. Thewal Dicon Kit we	rothe.							
a forther so	11 . 10 0	Immediate 24 hours 2 bus, days 10 bus, days						
1. J. Marcar -	Min 10 mg Reg.	Immediate 24 hours 2 bus, days 10 bus, days						
3. Sedi wheel ono		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 10 bus. days						
4								
5		☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days						
		∏ Immediate						
6		Immediate 24 hours 2 bus, days 10 bus, days						
7		∏ Immediate						
9.		Immediate 24 hours 2 bus, days 10 bus, days						
		☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days						
IMMEDIATE FAILURE(S) The vehicle not be reinstated until all critical deficie	's Ambulance License is immediately susper encies are corrected and RIDOH is notified in	nded based on the critical failures listed above and will						
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 veh	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 Affadavit 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	AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated							
Michael D M. J.								
Service Representative Name	Signature	Date of Correction						

AUR MALLALLIS 6/20/14
Inspector Signature Date

TOR COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature

Date



	7 77					
PASSED Vehicle has met all inspection requirements a	nd will be issued a Certificate of Inspection.					
Certification of inspection of	OTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.					
Es	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days ☐ 10 bus, days ☐ 10 bus, days					
	Immediate 24 hours 2 bus, days 10 bus, days					
4	☐ immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days					
g	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
6	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
<i>t</i>	☐ 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 of the 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 FURTHED any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing 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 Affadavit of Correction beking deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required that the permitted time period of EMS at (401) 222-2401 to make an appointment.						
Service Representative Name Signa	page of correction.					
NOTE: Once a vehicle's Ambulance License has been suspended correcting all deficiencies, notifying RIDOH in writing of the correct an ambulance on public ways in this state if the ambulance is not Law § 23-4.1-6 and the Rules and Regulations Relating to Emergence	d, the Ambulance Service may not use the vehicle for EMS functions until tion, and receiving a written reinstatement notice from RIDOH. To operate licensed by the Department of Health is a violation of Rhode Island General ency Medical Services (R23-4.1-EMS).					
D. III						

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

Date

1/2011

NOV. Pile						
ANBULANCE INSPECTION I	REPORT Annual Spo					
Service SKEMS Vehicle Plate 2851 Ins	pection Date 16/04/14 Inspector Acts wis /					
PASSED Vehicle has met all inspection requirements and	d will be issued a Certificate of Inspection.					
NOTICE OF DEFICIENCY Vehicle has been of Inspection unit	n found deficient and will not be issued a Certificate il the deficiencies listed herein have been corrected.					
1. Htropine X	□ Immediate. □ 24 hours. □ 2 hue, days 17 10 hus, days					
2 North & G My	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
3. Child BUM	Immediate 124 hours 2 bus, days 10 bus, days					
	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
5	☐ Immédiate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
7	☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days					
9	☐ Irrimediate ☐ 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					
CORRECTIBLE FAILURE(S) The vehicle's Ambulance Lice	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-inspect	ed before a Certificate of Inspection can be issued.					
INSTRUCTIONS: 1.) Correct all cited deficiencies within the perm	itted time period; 2.) Sign the Affadavit of Correction below to indicate that of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the					
AFFADAVIT OF CORRECTION: I hereby certify that all deficience of the service Representative Name Signature	ies cited in this inspection have been corrected as of the date indicated					
NOTE: Once a vehicle's Ambulance License has been suspended correcting all deficiencies, notifying RIDOH in writing of the correct	, the Ambulance Service may not use the vehicle for EMS functions until ion, and receiving a written reinstatement notice from RIDOH. To operate icensed by the Department of Health is a violation of Dhode latest Conserv					
Inspector Signature Date	TOP COPY: RIDOH BOTTOM COPY: Ambulance Service Service Representative Signature Date					

1/2011

NOTICE OF DEFICIEN	CY Vehicle has been found deficient and of inspection until the deficiencies list	will not be issued a Certificate ed herein have been corrected.		
1. Tether for shoulder	Mings	☐ immediate ☐ 24 hours ☐ 2 bus, days ☐ 0 bus, days		
2. //		[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days		
Eno Torso restraint qu	ide	. Immediate 24 hours 22 bus, days 10 bus, days		
4 Part wenter 031-	3945	[] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days		
5		Immediate 24 hours 22 bus, days 11 hours, 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		
vehicle MAY NOT be used for EMS REINSPECTION REQUIRED The a Ambutance License can be issued. CORRECTIBLE FAILURE(S) The a vehicle MAY be used for EMS function to be corrected within the correction INSTRUCTIONS: 1.) Correct all cited deficiencies have been corrected; 3.) Fair	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 Affadavit of Correction below to indicate that deficiencies have been corrected; 3.) Fax this form to the Division of EMS at (481) 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 here	by Cartify that all deficiencies cited in this ins	pection have been corrected as of the date indicated.		
Service Representative Name	Signature	Date of Correction		

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature Date

Service Representative Signature