| AMBULANCE INSPECTI   | ON REPORT    G    Inspection Date 3/4/13   | MAnnual □Spot  |
|--|--|--|
| PASSED Vahiala has met all inspertion requir   | rements and will be issued a Certificate   | of Inspection, The above listed Ambulance issuance of an initial Ambulance License.  |
|  | le has been found deficient and will not<br>pection until the deficiencies listed here   | be issued a Certificate<br>in have been corrected.   |
| 1. 1 Ked light out   |  | ] Immediafe ☐ 24 hours ☐ 2 bus, days ☐ 40 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 deficive vehicle MAY NOT be used for EMS functions untartional REINSPECTION REQUIRED The above-listed dambulance License can be issued. This vehicle MCORRECTIBLE FAILURE(S) The above-listed developed MAY be used for EMS functions during the | il all critical deficiencies are corrected a<br>leficiencies must be corrected and the w<br>MAY NOT be used for EMS functions ur<br>deficiencies must be corrected before ar | nd RIDOH notified in writing thereof.  ehicle MUST BE REINSPECTED before an attilit has been successfully re-inspected.  Initial Ambulance License can be issued. This |
| not be corrected within the correction period short  | wn above and/or should RIDOH not be i  | notified in writing thereof.   |
| INSTRUCTIONS: 1.) Correct all cited deficiencies with deficiencies have been corrected; 3.) Fax this form to Division of EMS at (401) 222-2401 to make an appoint  | the Division of EMS at (401) 222-6683:   | e Affadavit of Correction below to indicate that  A.) If a reinspection is required, contact the   |
| AFFADAVIT OF CORRECTION: I hereby certify that   | t all deficiencies cited in this inspection in Rosert T. Hart  | ave been corrected as of the date indicated.   |
| Service Representative Name  | Signature  | Date of Correction   |
| NOTE: Once a vehicle's Ambulance License has bee correcting all deficiencies, notifying RIDOH in writing an ambulance on public ways in this state if the ambulance Sand the Rules and Regulations Relations   | of the correction, and receiving a writter<br>plance is not licensed by the Departmen  | n reinstatement notice from RIDOH. To operate to the Health is a violation of Rhode Island General   |

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

| Service Representative Signature | Date | D

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RI

# Service 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 intital Ambulance License.

| NOTICE OF D                       | EFICIENCY Vehicle has been found deficient and of Inspection until the deficiencies lis  | d will not be Issued a Certificate<br>ted herein have been corrected.  |
|-----------------------------------|--|--|
| 1 1 hight out                     | high position Pt Comp. 9-10  | 2-13 ☐ Immediate ☐ 24 hours ☐ 2 bus. days 🛱 10 bus. days   |
| A                                 | /  | immediate   24 hours   2 bus. days   2710 bus. days  |
| 3                                 | 10-2-13  | Immediate   24 hours   2 bus. days   10 bus. days  |
| 4,                                |  | 🔲 Immediate 🗀 24 hours 🔂 2 bus. days 🖳 10 bus. days  |
| 5                                 |  | Immediate   24 hours   2 bus. days   10 bus. days  |
| 6                                 |  | mmediate 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 FAILU vehicle MAY NOT b | RE(S) The above-listed deficiencies must be corrected before used for EMS functions until all critical deficiencies are co   | ore an initial Ambulance License can be issued. This proceed and RIDOH notified in writing thereof.              |
| Ambulance License                 | EQUIRED The above-listed deficiencies must be corrected can be issued. This vehicle MAY NOT be used for EMS fur  | nations fulfit it ties been successionly re-trapeolect.  |
| - unbide MAV ha use               | ALURE(S) The above-listed deficiencies must be corrected<br>ad for EMS functions during the correction period shown. He<br>thin the correction period shown above and/or should RIDO | DMSAGL' ILLIA KONTOTISTION AND INDOCUMENTAL CONCIONAL  |
| deficiencies have been o          | prect all cited deficiencies within the permitted time period; 2<br>corrected; 3.) Fax this form to the Division of EMS at (401) 2<br>222-2401 to make an appointment.               | Sign the Affadavit of Correction below to indicate that 222-6683; 4.) If a reinspection is required, contact the |
| AFFADAVIT, OF COR                 | RECTION: I hereby certify that all deficiencies ofted in this in   | . 10-2-13  |
| Service Representative Na         | ame 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).

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dryfra Qannecentative Signature

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Date

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### AMBULANCE INSPECTION REPORT

ANUAL!

| Service Warren Fire Dept. Vehicle Plate 314 Inspection Date 8/19/1   | 13 Inspector ROSSNeisl                         |
|--|--|
| PASSED Vehicle has met all inspection requirements and will be issued a Cert Service is hereby authorized to use this vehicle for EMS functions pe |  |
| 2 Pedi Wheel 000 - 1-13/0-2-   | therein have been corrected.                   |
| P 11   | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service |

| AMBULANCE INSPECTION REPOR   | Spot Shrift Inspector Languetes   |
|--|---|
| PASSED Vehicle has met all inspection requirements and will be issu  | ed a Certificate of Inspection.   |
|  |   |
| NOTICE OF DEFICIENCY Vehicle has been found def  | icient and will not be issued a Certificate   |
|  | encies listed herein have been corrected.   |
| 1 / 2.011 001 001  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 0 bus. days  |
| 2 Epi 1 1600 VIai or ompowes 11  | · · · · · · · · · · · · · · · · · · ·   |
| 3  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days   |
| 4  | ☐ 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 vehicle's Ambulance License is immed pot be reinstated until all critical deficiencies are corrected and RIDOH  | iately suspended based on the critical failures listed above and will it is notified in writing thereof.                              |
| CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be apy deficiency not be corrected within the correction period shown about the co | e automatically suspended WITHOUT FURTHER NOTICE should   |
| 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 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  | ella Carobra 8/14   |
| Service Representative Name Signature  | Date of Correction  |

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).

-Date 1/2011

**BOTTOM COPY: Ambulance Service** 

| Lights out x 3 hightfan   | ☐ immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day   |
|---|--|
| W. 44.1868.   | The state of the s |
| - Hidazolam IVMg EMION  | immediate 24 hours 2 bus, days 10 bus, day   |
|   | ☐  mmediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, da  |
|   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da  |
| 3   | ☐ 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, day   |
| 9,  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da  |
| 10  | ☐ immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, de  |
| vehicle MAY NOT be used for EMS function  | ed deficiencies must be corrected before an initial Ambulance License can be Issued. This ions until all critical deficiencies are corrected and RIDOH notified in writing thereof.  -listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.   |
| Ambulanca License can be issued. This w   |  |
| Ambulance License can be issued. This was CORRECTIBLE FAILURE(S) The above-   | -listed deficiencies must be corrected before an initial Ambulance License can be issued. The during the correction period shown. However, this authorization will lapse should any deficient iod shown above and/or should RIDOH not be notified in writing thereof.  |
| CORRECTIBLE FAILURE(S) The above- vehicle MAY be used for EMS functions di not be corrected within the correction peri  | -listed deficiencies must be corrected before an initial Ambulance License can be issued. The during the correction period shown. However, this authorization will lapse should any deficient for shown above and/or should RIDOH not be notified in writing thereof.  cies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the   |
| Ambulance License can be issued. This was a considered within the correction periodeficiencies have been corrected; 3.) Fax this following the Division of EMS at (401) 222-2401 to make an | -listed deficiencies must be corrected before an initial Ambulance License can be issued. The during the correction period shown. However, this authorization will lapse should any deficient for shown above and/or should RIDOH not be notified in writing thereof.  cies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the   |
| Ambulance License can be issued. This was a considered within the correction periodeficiencies have been corrected; 3.) Fax this following the Division of EMS at (401) 222-2401 to make an | -listed deficiencies must be corrected before an initial Ambulance License can be issued. The during the correction period shown. However, this authorization will lapse should any deficient iod shown above and/or should RIDOH not be notified in writing thereof.  cies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the appointment.  |

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).

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Service Representative Signature

Date

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| Service Plate Local Inspection Date  PASSED Vehicle has met all inspection requirements and will be issued to use this vehicle for FMS for   |   |
|--|---|
| Service is hereby authorized to use this vehicle for EMS full  | nctions pending issuance of an initial Ambulance License.   |
| NOTICE OF DEFICIENCY Vehicle has been found defice of Inspection until the deficier  | ient and will not be issued a Certificate<br>notes listed herein have been corrected.   |
| 1. Taxo Sticker  | ☐ Immediate ☐ 29 hours ☐ 2 bus. days ☐ 10 bus. days   |
| 2 Versed X 6 mg  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 19 bus. days   |
| 3  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days   |
| 4  | ☐ Immediato ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days   |
| 5  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days   |
| 6.   | ☐ Immediate ☐ 24 hours ☐ 2 bus. daya ☐ 10 bus. days   |
| 7  |   |
| 9,   | Invinediate   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 correcte vehicle MAY NOT be used for EMS functions until all critical deficiencies a  | d before an initial Ambulance License can be Issued. This are corrected and RIDOH notified in writing thereof.                |
| REINSPECTION REQUIRED The above-listed deficiencies must be corre Ambulance License can be issued. This vehicle MAY NOT be used for EM   | cted and the vehicle MUST BE REINSPECTED before an<br>IS functions until it has been successfully re-inspected.               |
| CORRECTIBLE FAILURE(S) The above-listed deficiencies must be correction MAY be used for EMS functions during the correction period show not be corrected within the correction period shown above and/or should F  | n. However, this authorization will labse should any deficiency   |
| 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 (4 Division of EMS at (401) 222-2401 to make an appointment.  | iod; 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   | is inspection have been corrected as of the date indicated.   |
| James yould for ?  | 12/3/12   |
| Service Representativa Name Signature  | Date of Correction  |
| 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 | iving a written reinstatement notice from RiDOH. To operate the Department of Health is a violation of Rhode Island General   |
| 00   | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service  |
| AUC RAMAIN 11/4/13 Quinsporter Signature (Date Service   | Reptesentative Signature Date   |

| AMBULANCE INSPECTION REPO   |   |
|---|---|
| ice Kouidence Fine Vehicle Plate 745 Inspection D   | ate 11   5   13   inspector   15   15   15  |
| PASSED Vehicle has met all inspection requirements and will be<br>Service is hereby authorized to use this vehicle for EMS  | issued a Certificate of Inspection. The above listed Ambulance functions pending Issuance of an initial Ambulance License.            |
|   | ciencles listed herein have been corrected.   |
| 1. Tighten stretcher mounts   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus, days   |
| 2. Tether for shoulder straps   | [] Immediate   24 hours   2 bus. days   10 bus. days  |
| _   | ☐ Immediale ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days   |
| 4   | ·   |
| 5   | •   |
| 6,  |   |
| 7   |   |
| 9   |   |
| 9,  |   |
| 10,   |   |
| IMMEDIATE FAILURE(S) The above-listed deficiencies must be corre vehicle MAY NOT be used for EMS functions until all critical deficienci  | ected before an initial Ambulance License can be Issued. This<br>ies are corrected and RIDOH notified in writing thereof.             |
| REINSPECTION REQUIRED The above-listed deficiencies must be combulance License can be issued. This vehicle MAY NOT be used for  | orrected and the vehicle MUST BE REINSPECTED before an<br>r EMS functions until it has been successfully re-inspected.                |
| CORRECTIBLE FAILURE(S) The above-listed deficiencies must be a vehicle MAY be used for EMS functions during the correction period shown above and/or should be corrected within the correction period shown above and/or should be corrected. | hown. However, this authorization will lapse should any deficiency  |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time deficiencies have been corrected; 3.) Fax this form to the Division of EMS a 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 i   | in this inspection have been corrected as of the date indicated.  |
| to would have the   | V T l l   |

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

Sorvice Representative Signature

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Inspector Signature

| AMBULANCE INSPECTION REPORT  | AVNUUL   |
|--|--|
| Service Pourdence Fine Deptehicle Plate 2587 Inspection Date 1115  | 13_ Inspector_ Kossuu3/  |
| PASSED Vehicle has met all inspection requirements and will be issued a Conservice is hereby authorized to use this vehicle for EMS functions  | ertificate of Inspection. The above listed Ambulance bending issuance of an initial Ambulance License.       |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and of Inspection until the deficiencies list  | ed herein have been corrected  |
| 1. Tetrer for shoulder straps<br>2. Suction gauge braken   | Immediate   24 houra   2 bus, days   10 bus, days  |
| 2 Suction gauge traller  | Sammediate 🗀 24 hours 🗀 2 bus. days 🗀 10 bua. daya   |
|  | t  |
| 4  | [] Immediate [] 24 hours [] 2 bos. 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 as REINSPECTION REQUIRED The above-listed deficiencies must be corrected as  | rected and RIDOH notified in writing thereof.  In the vehicle MUST BE REINSPECTED before an                  |
| Affibulance License can be issued. This vehicle MAY NOT be used for EMS fund   | • •  |
| CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected by vehicle MAY be used for EMS functions during the correction period shown. How not be corrected within the correction period shown above and/or should RIDOH.   | rever, this authorization will lapse should any deficiency   |
| 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.  |  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this insp   | ection have been corrected as of the date indicated.   |
| Three toral lan ?  | 11/22/22   |
| Service Representative Name (Bignature   | Date of Correction   |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Secorrecting 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 Dep Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Service | written reinstatement notice from RIDOH. To operate ariment of Health is a violation of Rhode Island General |
| 61/11/11/11  | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service   |

MENUMBURA E

| PASSED Vehicle has met all ins<br>Service is hereby auth            | pection requirements and will be issu<br>prized to use this vehicle for EMS fun   | ned a Certificate of Inspection. The above listed Ambulance actions pending issuance of an initial Ambulance License.  |
|---|---|--|
| NOTICE OF DEFICIEN  | of Inspection until the deficient   | cies listed herein have been corrected   |
| 1. Terher for shortder st   | rups shaperorgan  | Immediate   24 hours   2 bus. days   10 bus. days  |
| 2   |   | [] 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  |
| 5.  |   | Immediate [] 24 hours [] 2 bus, days [] 10 bus, days   |
| 6   |   | 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   |
|   |   | ☐ immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| 10  |   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| IMMEDIATE FAILURE(S) The above vehicle MAY NOT be used for EMS fu   | listed deficiencies must be corrected inctions until all critical deficiencies a  | before an initial Ambulance License can be issued. This recorrected and RIDOH notified in writing thereof.   |
| REINSPECTION REQUIRED The about Ambulance License can be issued. Ti | ove-listed deficiencies must be correctis vehicle MAY NOT be used for EM          | ted and the vehicle MUST BE REINSPECTED before an<br>S functions until it has been successfully re-inspected.  |
| AGUICIO MINTE DA RIZER INE EIMO INTICITO                            | is outing the correction behod shown  | cted before an initial Ambulance License can be issued. This<br>i. However, this authorization will lapse should any deficiency<br>IDOH not be notified in writing thereof.                                  |
| INSTRUCTIONS: 1.) Correct all cited defic                           | encies within the permitted time perk<br>his form to the Division of EMS at (40   | od; 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                                   | cartify that all deficiencies cited in this                                       | s inspection have been corrected as of the date indicated.   |
| James TAYLA   | 2   | 11(2)/12   |
| Service Representative Name   | Signature   | Date of Correction   |
| correcting all deficiencies, notifying RIDOH                        | in writing of the correction, and recei<br>f the ambulance is not licensed by the | nce Service may not use the vehicle for EMS functions until ving a written reinstatement notice from RIDOH. To operate a Department of Health is a violation of Rhode Island General Services (R23-4.1-EMS). |

Service Representative Signature

#### 11/27/2013 11:26 4012436488 BC GRENIER AMBULANCE INSPECTION REPORT -NEW-VEHICLE-TOURINGE FIVE. Vehicle Plate 1044 Inspection Date 11/13/13 Inspector KOSSMEIS! PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License. NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected. for shoulder 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 \_\_\_\_\_ 🔲 Immediate 🔲 24 hours 🔲 2 bus, days 🥅 10 bus, days \_\_\_\_\_ immediate 🔲 24 hours 问 2 bus, days 🔲 10 bus, days \_\_\_\_\_ mmediate 24 hours 2 bus, days 10 bus, days \_\_\_\_\_ Immediale 24 hours 2 bus, days 10 bus, days 💶 🗔 Immediate 🔲 24 hours 🔲 2 bus. days 🥅 10 bus, days . ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days . 🔲 immediate 🔲 24 hours 🔲 2 bus, days 🔲 10 bus, days IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof.

REINSPECTION REQUIRED The above-listed deficiencles 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 (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. Thmer you Service Representative Name

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

TOP COPY; RIDOH BOTTOM COPY; Ambulance Service spector Signature

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| AMBULANCE INSPECTION REPORT   | NEM-∧EHIGTE  |
|---|--|
| ervice MOUNTAINS King Dight. Vehicle Plate 10/5 Inspection Date 1//3/13   | Inspector Rossius 1  |
| ervice NOWAGEYA RING PLOT. Vehicle Plate 1075 Inspection Bate 1175  | 7  |
| PASSED 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<br>ding issuance of an initial Ambulance License.                   |
|   |  |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and will of inspection until the deficiencies listed  | ll not be issued a Certificate<br>herein have been corrected.  |
|   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| Light out light-box   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| a Rear Red & Samber Warden out  | 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 before to the contract of |  |
| REINSPECTION REQUIRED The above-listed deficiencies must be corrected and Ambulance License can be issued. This vehicle MAY NOT be used for EMS function  | the vehicle MUST BE REINSPECTED before an  |
| CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected bet 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   | fore an initial Ambulance License can be issued. This<br>ever, this authorization will lapse should any deficiency |
| 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) 222-2401 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   | ection have been corrected as of the date indicated.   |
| James TAYLOR Du Signature   | Date of Correction   |
| Service Representative Name   |  |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Se 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 Dept Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Service  | artment of Health is a violation of Rhode Island Gener   |

Service Representative Signature

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

## Service Frank Fre Develor Plate 1613 Inspection Date 1/1/1/3 Inspector Research

Inspector Signature

ANNUAL!

|  | Vehicle has met all inspection red<br>Service is hereby authorized to u   | quirements and will be issued a Certificate of Inspection. The above listed Ambulance se this vehicle for EMS functions pending issuance of an initial Ambulance License.   |
|--|---|---|
| NOTICE   | OF DEFICIENCY Ve  | hicle has been found deficient and will not be issued a Certificate nspection until the deficiencies listed herein have been corrected.   |
| 1. Links   | at front a rill   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days. ☐ 30 bus. da  |
| 2  | J   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da   |
| 3.   |   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. da   |
| 4  |   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d  |
| 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. d  |
| 9.   |   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d  |
|  |   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d  |
| 10   | ·   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d  |
|  |   |   |
| vehicle MA  REINSPEC   | Y NOT be used for EMS functions  CTION REQUIRED The above-liste  License can be issued. This vehic  | 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 initial Ambulance License can be issued. The deficiencies must be corrected before an initial Ambulance License can be issued.  |
| Vehicle MA  REINSPECT Ambulance  CORRECT  Vehicle MA  not be con   | AY NOT be used for EMS functions CTION REQUIRED The above-liste E License can be issued. This vehic TIBLE FAILURE(S) The above-liste AY be used for EMS functions durin rected within the correction period s   | 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 initial 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. If the correction period shown. However, this authorization will lapse should any deficient shown above and/or should RIDOH not be notified in writing thereof.  |
| Vehicle MA REINSPEC Ambulance Vehicle MA not be con INSTRUCTION deficiencies have                        | AY NOT be used for EMS functions CTION REQUIRED The above-liste E License can be issued. This vehic TIBLE FAILURE(S) The above-liste AY be used for EMS functions durin rected within the correction period s S: 1.) Correct all cited deficiencies   | 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 alle 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. If a gifter correction period shown. However, this authorization will lapse should any deficient shown above and/or should RIDOH not be notified in writing thereof.  In within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the tothe Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the |
| REINSPEC Ambulance CORRECT Vehicle MA not be con INSTRUCTION deficiencies har Division of EMS  AFFADAVIT | AY NOT be used for EMS functions CTION REQUIRED The above-listed License can be issued. This vehice I have been seen to the correction period seen to the corrected within the correction period seen corrected; 3.) Fax this form at (401) 222-2401 to make an approximate the corrected of the corrected of the corrected of the corrected; 3.) | 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 all 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. If a gifter correction period shown. However, this authorization will lapse should any deficient shown above and/or should RIDOH not be notified in writing thereof.  In within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the tothe Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the  |

1/2011

Date

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature

| Service Froundative Fine Dex Vehicle Plate 1007 Inspect  | tion Date <u>///4//3</u> Inspector Rossa  | 1615/  |
|--|---|--|
| PASSED Vehicle has met all inspection requirements and we Service is hereby authorized to use this vehicle for   | rill be issued a Certificate of Inspection. The all rEMS functions pending issuance of an initial     | bove listed Ambulance<br>Ambulance License.              |
| NOTICE OF DEFICIENCY Vehicle has been for of Inspection until the  | ound deficient and will not be issued a Certifica<br>be deficiencies listed herein have been correcte | ite<br>ed.   |
| 1. Euraeiney lights out X3, Bunger R. Cein   | ler anil, Lighthar   Immediate   24 hours   | 2 bus. days 10 bus. days                                 |
| 2  | •   | 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  | i ☐ 2 bus. days ☐ 10 bus. days                           |
| 9  | Immediate   24 hours  | i ☐ 2 bus. days ☐ 10 bus. days                           |
| 10   | Immediate   24 hours  | i ☐ 2 bus, days ☐ 10 bus, days                           |
| IMMEDIATE FAILURE(S) The above-listed deficiencies must be vehicle MAY NOT be used for EMS functions until all critical de   | eficiencies are corrected and RIDOH notified in   | writing thereot.   |
| REINSPECTION REQUIRED The above-listed deficiencies mu<br>Ambulance License can be issued. This vehicle MAY NOT be   | ust be corrected and the vehicle MUST BE REI<br>used for EMS functions until it has been succe        | NSPECTED before an ssfully re-inspected.                 |
| CORRECTIBLE FAILURE(S) The above-listed deficiencies moved to the correction of the corrected within the correction period shown above and   | eriod shown. However, this authorization will I   | lapse should any deficiency                              |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitt deficiencies have been corrected; 3.) Fax this form to the Division of Division of EMS at (401) 222-2401 to make an appointment.   | ed time period, 2.) Sign the Affadavit of Correct fEMS at (401) 222-6683; 4.) If a reinspection       | ction below to indicate that<br>is required, contact the |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies  TAMES TAYLOR  Service Pervesentative Name  Signature  | 7/  | s of the date indicated.                                 |
| Service representative ratio   |   |  |
| NOTE: Once a vehicle's Ambulance License has been suspended, correcting all deficiencies, notifying RIDOH in writing of the correction an ambulance on public ways in this state if the ambulance is not like Law § 23-4.1-6 and the Rules and Regulations Relating to Emergen | on, and receiving a written reinstatement notice<br>censed by the Department of Health is a violat    | e from KIDOH. To operate                                 |
| 01   | TOP COPY: RIDOH BO  | OTTOM COPY: Ambulance Service                            |
| Cavi Laurina 11/4/13   | Jan 6 7   | 11/2/13  |
| Inspector Signature / Date   | Service Representative Signature  | Date   |

## Service Providence Fine Duct. Vehicle Plate 1004 Inspection Date 1108 13 Inspector Rossmeis!

ANNA!

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Service Representative Signature

| 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. Front Grill lights aut.   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 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  |
| 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 function  REINSPECTION REQUIRED The above- Ambulance License can be issued. This was considered to the constant of the constan | d deficiencies must be corrected before an initial Ambulance License can be issued. This ons until all critical deficiencies are corrected and RIDOH notified in writing thereof.  isted deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an ehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.  listed deficiencies must be corrected before an initial Ambulance License can be issued. This uring the correction period shown. However, this authorization will lapse should any deficience and shown above and/or should RIDOH not be notified in writing thereof. |
| INSTRUCTIONS: 1 ) Correct all cited deficience   | orm to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the   |
| INSTRUCTIONS: 1.) Correct all cited deficience deficiencies have been corrected; 3.) Fax this following Division of EMS at (401) 222-2401 to make an   | ies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate that form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the appointment.  It is a second of the date indicated.  |

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

Inspector, Signature

| AMBULANCE INSPECTION REPORT   | ☐ NEW VEHICLE   |
|---|---|
| Service MOUSChere Fix. Vehicle Plate 1460 Inspection Date 10-77-19  |   |
| PASSED Vehicle has met all inspection requirements and will be issued a Certification Service is hereby authorized to use this vehicle for EMS functions pending  | ate of Inspection. The above listed Ambulance<br>ng issuance of an Initial Ambulance License.   |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed he   | /   |
| 1. Ivsp Sticker. 2 Movet Fine Br.   | ☐ Immediate 13/24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| More & Eve Re   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days   |
| 2 Mount Fine Br.<br>3 Secone Trash & Sharps Cont  | _ ☐ Immediate ☑ 24 hours ☐ 2 bus. days ☐ 10 bus, days   |
| 3. THOM: TINK C MALE TO   | 🗌 Immediale 🔲 24 hours 🗍 2 bus. days 🗍 10 bus, days   |
| 4   | 🗀 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   | 🔲 Immediale 🔲 24 hours 🔲 2 bus. days 🔲 10 bus. days   |
| 9   | 💹 🌅 immediate 🔲 24 hours 📋 2 bus, days 🔲 10 bus. days   |
| IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before a   |   |
| RENISPECTION REQUIRED The above-listed deficiencies must be corrected and   | the vehicle MUST BE REINSPECTED belove as the 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, the corrected within the correction period shown above and/or should RIDOH not be corrected within the correction period shown above and/or should RIDOH not be corrected. | ore an initial Ambulance License can be assess that yer, this authorization will lapse should any deficiency of be notified in writing thereof. |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Since 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 inspection.  Service Representative Name  Signature   | e 10/23/2014  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

habector Signature

| Che istal | i.     |
|-----------|--------|
|           | 41.1 E |
| A ENT OF  | , it   |

Service Woulder Mel. Vehicle Plate 1013 Inspection Date 12343 Inspector Losswess 1

| · interest let NRB   | deficiencies listed herein have been corrected.  ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bu                           |
|--|---|
| 2.   | [Immediate ] 24 hours ] 2 bus. days ] 10 bu   |
| 3  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bu  |
| 4  | ☐ kmmediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bu  |
| 5.   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bi  |
| 6  | ∏ Immediate   |
| 7.   | Immediate 🔲 24 hours 🗍 2 bus, days 🗍 10 b   |
| 9  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 b   |
| <u> </u>   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 b   |
| 10   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 b   |
| IMMEDIATE FAILURE(S) The vehicle's Ambulance License is in not be reinstated until all critical deficiencies are corrected and R  CORRECTIBLE FAILURE(S) The vehicle's Ambulance License any deficiency not be corrected within the correction period show  REINSPECTION REQUIRED The vehicle must be re-inspected | will be automatically suspended WITHOUT FURTHER NOTICE vn above and/or should RIDOH not be notified in writing thereof. |

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 Representative Signature

1/2011

03/04/2014 11:39

| co West Greeske Vehicle Plate 1148 Inspection I   |   |
|---|---|
| PASSED Vehicle has met all inspection requirements and will be Service is hereby authorized to use this vehicle for EM  | e issued a Certificate of Inspection. The above listed Ambulance<br>S functions pending issuence of an Initial Ambulance License.       |
|   | ficlencies listed herein have been corrected.   |
| 2 Inspection Sticker  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☑ 10 bus, days   |
| 2 Inspection Sticker  | ☐ immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days   |
|   | 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 bua, days   |
| 9.  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days   |
| 9.  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days   |
| 10  | immediate   |
| IMMEDIATE FAILURE(S) The above-listed deficiencies must be convehicle MAY NOT be used for EMS functions until all critical deficien   |   |
| REINSPECTION REQUIRED The above-listed deficiencies must be<br>Applulance License can be issued. This vehicle MAY NOT be used to  | corrected and the vehicle MUST BE REINSPECTED before an or EMS functions until it has been successfully re-inspected.                   |
| 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.         | shown. However, this authorization will lapse should any deficiency   |
| not be doughted tribuilt file delicitated between the table and the   |   |
| 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. | e period; 2.) Sign the Affadavit of Correction below to Indicate that at (401) 222-6683; 4.) If a reinspection is required, contact the |
| 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) 222-6683; 4.) If a reinspection is required, contact the   |

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

1/2011



| Service West Glacester Vehicle Plate 1148 Inspection Date 8 2 13   | _ Inspector Rossmer's (  |
|--|--|
| PASSED Vehicle has met all Inspection requirements and will be issued a Certifical Service is hereby authorized to use this vehicle for EMS functions pending  | ate of Inspection. The above listed Ambulance of an initial Ambulance License.                                   |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed here.   |  |
| 1 Oral Baradray 500 mg   | ☐ immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| 2 Pedi Wheel 2010-2011   |  |
| 3  | . ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| 4 Vahicle of to use panding Corr   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| 5. Def Bie lasmina   | . 🗀 Immediate 🗀 24 houre 🗀 2 bus, days 📑 10 bus, days  |
| 8  | , 🗀 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 bue. days  |
| 10   | . □ Immediate □ 24 hours □ 2 bus, days □ 10 bus, days  |
| TIMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an invehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected.   | nitial Ambulance License can be issued. This and RIDOH notified in writing thereof.                              |
| REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the<br>Aurbulance License can be issued. This vehicle MAY NOT be used for EMS functions  | vehicle MUST BE REINSPECTED before an until it has been successfully re-inspected.                               |
| CORRECTIBLE FAILURE(\$) 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   | this authorization will lapse should any deficiency  |
| 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<br>3; 4.) If a reinspection is required, contact the          |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection   | have been corrected as of the date indicated.  |
| Service Bepresentative Name  Signature   | Date of Correction   |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Services correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written 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 | en reinstatement notice from RIDOH. To operate ent of Health is a violation of Rhode Island General 23-4.1-EMS). |
|  | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service   |

Service Representative Signature



MENEVERIGIE

| Service Dent Glores Stor Vehicle Plate 1787. Inspection Date 4-8-1  | 3 Inspector Agassac O.   |
|---|--|
| 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  | icate of Inspection. The above listed Ambulance<br>ding Issuance of an initial Ambulance License.  |
| NOTICE OF DEFIC ENCY Vehicle has been found deficient and wi  | Il not be issued a Certificate<br>herein have been corrected.  |
| 1. I hight out hightbar Coulties  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 20 bus. days  |
| -2 Adolf Mr Gits cos @  | Immediate   24 hours   2 bus, days   2/10 bus, days  |
| 2 THE COS 60  | [] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days  |
| 40/   | {   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  |
| ,   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| 4   |  |
| 9   | Immediale   24 hours   2 bus. days   10 bus. days  |
| 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 corrected and Ambulance License can be issued. This vehicle MAY NOT be used for EMS function MAY NOT be used for EMS functions during the correction period shown. However hot be corrected within the correction period shown above and/or should RIDOH not be corrected within the correction period shown above and/or should RIDOH not linstructions: 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) 222-2401 to make an appointment. | the vehicle MUST BE REINSPECTED before an ons until it has been successfully re-inspected.  ore an initial Ambulance License can be issued. This ver, this authorization will lapse should any deficiency of be notified in writing thereof.  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 inspection.  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 vehicle and 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  | rtment of Health is a violation of Rhode Island General  |

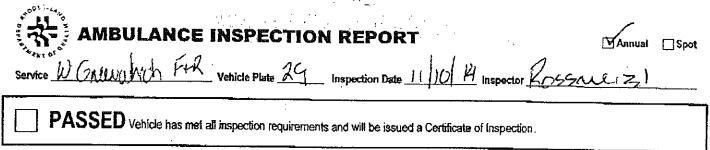
TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Inspector Signature

Date

Service Representative Signature

Date



|                  | , . of .   | hide has been found deficient and will not be issued a Certificate<br>Inspection until the deficiencies listed herein have been corrected.   |
|------------------|--|--|
| 1                | hidoraine 300 mg   |  |
| 2                |  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| 3                |  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, di  |
| 4                |  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d   |
| 5                | ,  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d   |
| 6                |  | ☐ 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   |
|                  |  | [ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, d   |
| 10               |  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, di  |
| ☑ C              | not be reinstated until all critical deficiencies and<br>CORRECTIBLE FAILURE(S) The vehicle's Arany deficiency not be corrected within the corrected.  | lance License is immediately suspended based on the critical failures listed above and re corrected and RIDOH is notified in writing thereof.  Inbulance License will be automatically suspended WITHOUT FURTHER NOTICE shows period shown above and/or should RIDOH not be notified in writing thereof. |
| INSTR<br>deficie | RUCTIONS: 1.) Correct all cited deficiencies v   | of the re-inspected before a Certificate of Inspection can be issued.  Within the permitted time period: 21:Sign the Affadavit of Correction below to indicate the to the Division of EMS at (481) 222-6683; (a) If a reinspection is required, contact the continuent.                                  |
| \\\\\            | ADAVIT OF CORRECTION: I hereby certify the LESTO MARK CARY  CREPTES ENTREMEDIATE  CREPTE | at all deficiencies cited in this inspection have been corrected as of the date indicated  |

Superior Signature Date Date

Service Representative Signature

TOP COPY, RIDOH BOTTOM COPY: Ambulance Service

1/2011

| NOTICE OF I  |   |  | ficient and will not be issued encies listed herein have bed   |  |
|--|---|--|--|--|
| x Pedi Dosing  | ,   | •  |  |  |
|  |   |  | Immediate  |  |
| 3  |   | •  | [] Immediate   | . *  |
| 4  |   |  | Immodiate  | 🗋 24 hours 🗌 2 bus. days 🔲                                       |
| 5  |   |  | [mmediate  | 24 hours 2 bus. days   |
| 6  |   |  | - Immediate  | 🔲 24 hours 🔲 2 bus, days 📋                                       |
| 7  |   |  | [mmediate  | 24 hours 2 bus, days   |
| 9  |   |  | [mmediate  | 24 hours 2 bus. days   |
| 9  |   |  | [] Immediate   | ☐ 24 hours ☐ 2 bus, days ☐                                       |
| 10   |   | · · · · · · · · · · · · · · · · · · ·  | [mmediate  | 24 hours 2 bus, days   |
| not be reinstated under the confectible Fany deficiency not REINSPECTION FINSTRUCTIONS: 1.) Confection of the confection | ntil all critical deficiencies AILURE(S) The vehicle's be corrected within the co EQUIRED The vehicle morrect all cited deficiencie | are corrected and RIDOH<br>Ambutance License will borrection period shown about the re-inspected beforms within the permitted time on to the Division of EMS | iately suspended based on the fis notified in writing thereof. The suspended Wove and/or should RIDOH note a Certificate of Inspection of period; 2.) Sign the Affadaviat (401) 222-6683; 4.) If a reinterior control of the certificate of the Affadaviat (401) 222-6683; 4.) | /ITHOUT FURTHER NOT to be notified in writing them an be issued. |

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

inspector Signature

**BOTTOM COPY: Ambulance Service** 

Date

1/2011

| AMBULANCE INSPECTION REPORT  | ∐ Annual □ Spot   |
|--|---|
| Service WEST Warwick FD Vehicle Plate 29// Inspection Date 4/23/1  | 4 Inspector ROSSMUS   |
| PASSED Vehicle has met all inspection requirements and will be issued a Certific   | cate of Inspection.   |
|  |   |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and wi   |   |
| , Partifacts ordered   | [] Immediate   24 hours   2 bus. days   10 bus. days  |
|  | Immediate   24 hours   2 bus. days   1/2 10 bus. days                                       |
| 3  | r<br>☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days                                    |
| 4  | [] Immediate 24 hours 2 bus, days 10 bus, days  |
| 5,   | [] Immediate  |
| 8  | [] immediate [] 24 hours [] 2 bus, days [] 10 bus, days                                     |
| 7  | [] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days                                     |
| 9  | [] Immediale [] 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 vehicle's Ambulance License is immediately suspen<br>not be reinstated until all critical deficiencies are corrected and RIDOH is notified in | ded based on the critical failures listed above and will 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 sh          | lly suspended WITHOUT FURTHER NOTICE should hould RIDOH not be notified in writing thereof. |
| REINSPECTION REQUIRED The vehicle must be re-inspected before a Certificate  |   |

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 heroby cortify that all deficiencies cited in this inspection have been corrected as of the date indicated

L+. Faul McCollection L+- Paul McAllisTor 5-2-14

Service Representative Name

Signature

Date of Correction

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

TOP COPY: RIDOM BOTTOM COPY: Ambulance Service

Auch Raul K Mr allus Date

Top copy: RIDOM BOTTOM COPY: Ambulance Service

Lt. Raul K Mr allus Date

Date

1/2011

| Service West White West Constant of the Mark FO Vehicle Plate 1072 Inspection  | · ·   |
|--|---|
| PASSED Vehicle has met all inspection requirements and will b  | e issued a Certificate of Inspection.               |
| NOTICE OF DEFICIENCY Vehicle has been foun of Inspection until the contract of | deficiencies listed herein have been corrected.     |
| Redi what or Goin  | Immediate 24 hours 2 bue, days bus, days            |
| 2  | immediate   24 hours   2 bus, days   10 bus, days   |
| 3  | Immediate   |
| d  | Immediate   24 hours   2 bus, days   10 bus, days   |
| 5  | ☐ Immediate ☐ 24 hours ☐ 2 bue. days ☐ 10 bus. days |
| 6  | immediate 24 hours 2 bus, days 10 bus, days         |
| 7  | ☐ Immediale ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days |
| 9  | immediate24 hours2 bus. days 10 bus. days           |
| 9  | [Immediate 24 hours 2 bus. days 10 bus. days        |

| 10. | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days   |
|-----|---|
|     | IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately suspended based on the critical failures listed above and will not be reinstated until all critical deficiencies are corrected and RIDOH is notified in writing thereof.  |
|     | CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof.   |
|     | REINSPECTION REQUIRED The vehicle must be re-inspected before a Certificate of Inspection can be issued.  |
| def | TRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affadavit of Correction below to Indicate that idencies have been corrected; 3.) Fax this form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the Ision 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

L+. Paul McAllis Tea. L+- Paul McAllis Tea. 5-2-14

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

AUX Masset Us 4/23/14 Lt Park L. Mcallos 4/23/19

Inspector Signature Signature Date

1/2011

| AMBULANCE INSPECTION REPORT   | E3            | Annual    | Spot |
|---|---------------|-----------|------|
| Service West Warwick FD Vehicle Plate 164 Inspection Date 4/3/14                    | _ Inspector _ | Rossmir 1 |      |
| PASSED Vehicle has met all inspection requirements and will be issued a Certificate | of Inspection | 1.        |      |

| Virtual 131 CUH  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10   |
|--|---|
| <i>1</i> · //  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days 10   |
|  | ☐ Immodilete ☐ 24 hours ☐ 2 bus. days ☑ 10  |
|  | _   |
| 5  | [ ] Immediate   |
| 6  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10   |
| 7,   | Immediate   24 hours   2 hus. days   10   |
| 9  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10   |
| 9  | finmediate 24 hours 2 bus. days 10  |
| 10,  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10   |
| cot be reinstated until all critical deficiencies are of CORRECTIBLE FAILURE(S) The vehicle's Ambut any deficiency not be corrected within the correction REQUIRED The vehicle must be INSTRUCTIONS: 1.) Correct all cited deficiencies within | plance License will be automatically suspended WITHOUT FURTHER NOTIC on period shown above and/or should RIDOH not be notified in writing thereofe re-inspected before a Certificate of Inspection can be issued.  In the permitted time period; 2.) Sign the Affadavit of Correction below to indicine Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact |

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).

| 1                   |         | TOP COPY: RIDOH BOTTOM COP       | Y: Ambulance Service |
|---------------------|---------|----------------------------------|----------------------|
| Kacamus 1           | 4/23/14 | H. Pane R. Mcales                | 4/25/14              |
| Inspector Signature | Date    | Service Representative Signature | Date 1/2011          |

121

📈 Annual 🔲 Spot

| PASSED Vehicle has met all inspection requirements and v   | illi be issued a Certificate of Inspection.  |
|--|--|
|  |  |
| 1. Trapker Stretcher warns   | Tound deficient and will not be issued a Certificate he deficiencies listed herein have been corrected.  ☐ 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 |
| a Cheal Hermorbugt cos es  | Miniediate Pose Thomas 12 bus. days 10 bus. days   |
| 5. Light out Gull (Red Pass sire   | ☐ 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  |
| CORRECTIBLE FAILURE(S) The vehicle's Ambulance Licens any deficiency not be corrected within the correction period she REINSPECTION REQUIRED The vehicle must be re-inspected INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitter. | e will be automatically suspended WITHOUT FURTHER NOTICE should own above and/or should RIDOH not be notified in writing thereof.  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies  | s cited in this inspection have been corrected as of the date indicated  |
| Ct. Paul McAllisten Ct-Paul Service Reprosentative Name Signatur   | Mealle 5-2-14  |
| correcting all deficiencies, notifying RIDOH in writing of the correction  | the Ambulance Service may not use the vehicle for EMS functions until in, and receiving a written reinstatement notice from RIDOH. To operate ensed by the Department of Health is a violation of Rhode Island General cy Medical Services (R23-4.1-EMS).  |
| P P 1 11   | TOP COPY: RIDOH BOTTOM COPY: Ambutance Service   |
| Suchassund 4/23/14   | 1+ Bulk Mcall to 4/23/14   |
| Inspector Signature Date   | Service Representative Signature Date 1/2011   |

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.

☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days \_\_\_\_\_\_ ☐ Immediate ☐ 24 hours ☐ 2 bus days ☐ 10 bus days

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

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 horoby cortify that all deficiencies cited in this inspection have been corrected as of the date indicated

Service Representativo Name

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

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1/2011



## Dec. 16. 2014 4:12PM Woonsocket Fire Dpt. AMBULANCE INSPECTION REPORT

| MAnnual | ☐ Spo | í |
|---------|-------|---|

| ervice Himowalkulf Fine Lept-Vehicle Plate 139 Ins   | pection Date 12/15/14 Inspector ROMANISI   |
|--|--|
| 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   | en found deficient and will not be issued a Certificate til the deficiencies listed herein have been copected.   |
| 1. Iwap Streker  | ☐ Immediate 1 24 hours ☐ 2 bus, days ☐ 10 bus, days  |
| 2. Check Shooter Strops install  | ☐ Immediate 12/24 hours ☐ 2 bus. days ☐ 10 bus. days   |
| ,  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| 4,   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| 5  |  |
| 6  | <b>'</b>   |
|  |  |
| 7  | [] Immediate [] 24 hours [] 2 bus. days [] 10 bus. days  |
| 9  | immediate 24 hours 2 bus. days 10 bus. days  |
| 9  | Y  |
| 10   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. days  |
| IMMEDIATE FAILURE(S) The vehicle's Ambulance License not be reinstated until all critical deficiencies are corrected a | e is immediately suspended based on the critical failures listed above and will and RIDOH is notified in writing thereof.  |
|  | ense will be automatically suspended WITHOUT FURTHER NOTICE should shown above and/or should RIDOH not be notified in writing thereof.   |
| REINSPECTION REQUIRED The vehicle must be re-insper  | cted before a Certificate of Inspection can be issued.   |
|  | mitted time period; 2.) Sign the Affadavit of Correction below to indicate that in 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  |
| Service Representative Name  Sign  | Date of Correction   |
| correcting all deficiencies, notifying RIDOH in writing of the corre   | ed, the Ambulance Service may not use the vehicle for EMS functions until action, and receiving a written reinstatement notice from RIDOH. To operate of licensed by the Department of Health is a violation of Rhode Island General gency Medical Services (R23-4.1-EMS). |
|  | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service   |
| Suit Vivier of Indidition  |  |



## Jul. 16. 2014 1:59PM Woonsocket Fire Dpt. AMBULANCE INSPECTION REPORT

NEW VEHICLE

| PASSED Vehicle has met all inspection requirements ar<br>Service is hereby authorized to use this vehicle  | nd will be issued a Certificate of Inspection. The above listed Ambulance of for EMS functions pending Issuance of an initial Ambulance License.   |
|--|--|
| NOTICE OF DEFICIENCY Vehicle has bee of Inspection unit  | n found deficient and will not be issued a Certificate<br>il the deficiencies listed herein have been corrected.   |
| 1. Niercen le Ma   | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☑ 40 bus. days  |
| 2 50   | [] Immediale [] 24 hours [] 2 bus. days [] 10 bus. days  |
| 3  | {<br>[] 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 bits. days ☐ 10 bits. days  |
| 8. Volinhe Ok to use poording  | Immediata 24 hours 2 bus. days 10 bus. days  |
| 9  |  |
| 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.  |
|  | must be corrected and the vehicle MUST BE REINSPECTED before an<br>be used for EMS functions until it has been successfully re-inspected.  |
|  | must be corrected before an initial Ambulance License can be issued. This<br>n period shown. However, this authorization will lapse should any deficience<br>and/or should RiDOH not be notified in writing thereof.   |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the perr<br>deficiencies have been corrected; 3.) Fax this form to the Division<br>Division of EMS at (401) 222-2401 to make an appointment. | nitted time period; 2.) Sign the Affadavit of Correction below to indicate that<br>n of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficien  | icles cited in this inspection have been corrected as of the date indicated.   |
| 12. STORES ENCARMONIN 1  | c = 7/16/14  |
| Service Representativa Name Sign   | ature Date of Correction   |
| correcting all deficiencies, notifying RIDOH in writing of the corre   | ed, the Ambulance Service may not use the vehicle for EMS functions until action, and receiving a written reinstalement notice from RIDOH. To operate it licensed by the Department of Health is a violation of Rhode Island Gener gency Medical Services (R23-4.1-EMS). |

Service Representative Signature



### ्र्र्भ इंद्रिक्ट AMBULANCE INSPECTION REPORT

DNOVAL DNEW VEHICLE

| PASSED Vehicle has met all inspec  | Plate 133 Inspection Date 12/3/13 Inspector Rossucis/ ion requirements and will be issued a Certificate of Inspection. The above listed Ambulance and to use this vehicle for EMS functions pending Issuance of an Initial Ambulance License.  |
|--|--|
|  |  |
| NOTICE OF DEFICIENC  | Y Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected.  |
| 1. Rear loss Side Outer -  | ☐ Immediate ☐ 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  | ☐ trnmediate ☐ 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 fur  | sted deficiencies must be corrected before an initial Ambulance License can be issued. This clions until all critical deficiencies are corrected and RIDOH notified in writing thereof.  |
| Ambulance License can be issued. Thi   | re-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an<br>s vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected.   |
| l vehicle MAY be used for EMS function   | ve-listed deficiencies must be corrected before an initial Ambulance License can be issued. This<br>s during the correction period shown. However, this authorization will lapse should any deficiency<br>eriod shown above and/or should RIDOH not be notified in writing thereof.  |
| INSTRUCTIONS: 1.) Correct all cited deficited deficited deficites have been corrected; 3.) Fax the Division of EMS at (401) 222-2401 to make | encies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate that its form to the Division of EMS at (401) 222-6683; 4.) If a reinspection is required, contact the an appointment.   |
| AFFADAVIT OF CORRECTION: I hereby  | certify that all deficiencies cited in this inspection have been corrected as of the date indicated.   |
| Service Representative Name  | Signature Date of Correction   |
| NOTE: Once a vehicle's Ambulance Licens<br>correcting all deficiencles, notifying RIDOH<br>an ambulance on public ways in this state         | e has been suspended, the Ambulance Service may not use the vehicle for EMS functions until in writing of the correction, and receiving a written reinstatement notice from RiDOH. To operate the ambulance is not licensed by the Department of Health is a violation of Rhode Island General ons Relating to Emergency Medical Services (R23-4.1-EMS). |
| Sul Galling Inspector Signature  | TOP COPY: RIDOH BOTTOM COPY: Ambulance Service  7/1/3  Date/  Service Representative Signature  Date   |



ANNUAL NEW VEHICLE

| Service is hereby authorized to use this vehicle for EMS   | issued a Certificate of Inspection. The above listed Ambulance<br>S functions pending issuance of an initial Ambulance License.      |
|--|--|
| NOTICE OF DEFICIENCY Vehicle has been found of Inspection until the def  | ICIGUCIGS IIZIGO DETELLI LISTA DEGLI COLLECTOR.  |
| 1. Light out high Position At Comp   | Immediate   24 hours   2 bus, days   70 bus, day   |
| 2  | Immediate   24 hours   2 bus. days   10 bus. day   |
| 3  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, day   |
| 4.   |  |
| 5  | Immediate   24 hours   2 bus, days   10 bus, da  |
| \$1 <u>2</u> 2.  | [Immediate ] 24 hours ] 2 bus. days ] 10 bus. da   |
| 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   | and the force on initial Ambulance License can be issued. This   |
| REINSPECTION REQUIRED The above-listed deficiencies must be Ambulance License can be issued. This vehicle MAY NOT be used  | be corrected and the vehicle MUST BE REINSPECTED before an<br>If for EMS functions until it has been successfully re-inspected.      |
| 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 statements.   | be corrected before an initial Ambulance License can be issued. The shown However, this authorization will lapse should any deficien |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted deficiencies have been corrected; 3.) Fax this form to the Division of EMDivision of EMS at (401) 222-2401 to make an appointment.   | was ancied, 2 ) Sign the Affadavit of Correction below to indicate th  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies of   | ited in this inspection have been corrected as of the date indicated.  |
| 1- Sower ENGANADON STEE  | C 12/5/13  |
| Service Representative Name Signature  | DEC 01 COLLECTION  |
| 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 licen Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency | ased by the Department of Health is a violation of Rhode Island Ge   |

| ANNO         |
|--------------|
| -NEW VEHICLE |

| PASSED Vehic           | le has met all inspection re<br>ce is hereby authorized to (                              | quirements and will be iss<br>use this vehicle for EMS fu     | ued a Certificate of Inspection. The abo<br>nctions-pending Issuance of an Initial Ar  | ve listed Ambulance<br>nbulance License.          |
|------------------------|---|---|--|---|
| •                      | of  | Inspection until the deficie                                  | clent and will not be issued a Certificate   |   |
| 7. Primary ligi        | lit out Pass  | ide   | immediate 24 hours   | j 2 bus. days [∑210 bus. da                       |
| -2. Lights out         | Pt Comp X3  |   | immediate 24 hours   | ] 2 bus, days (2)10 bus, da                       |
| 3                      |   |   | 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. da                       |
| 6                      |   |   | [] Immediate [] 24 hours [   | ] 2 bus. days 🔲 10 bus. da                        |
| 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                         |
| vehicle MAY NOT        | be used for EMS functions   | until all critical deficiencies<br>ed deficiencies must be co | ted before an initial Ambulance License<br>is are corrected and RIDOH notified in w<br>rrected and the vehicle MUST BE REIN<br>EMS functions until it has been success | riting thereot.<br>SPECTED before an              |
| vehicle MAY be us      | ed for EMS functions during   | ng the correction period she                                  | rrected before an initial Ambulance Lice<br>own. However, this authorization will lap<br>d RIDOH not be notified in writing therec                                     | se should any deticle                             |
| deficiencies have been | orrect all cited deficiencies<br>corrected; 3.) Fax this forr<br>) 222-2401 to make an ap | n to the Division of EMS at                                   | erlod; 2.) Sign the Affadavit of Correction (401) 222-6683; 4.) If a reinspection is   | on below to indicate the<br>required, contact the |
| AFFADAVIT OF COR       | RECTION: I hereby certify   | that all deficiencies cited in                                | this inspection have been corrected as   | of the date Indicated.                            |
|                        |   |   |  | 1 1 1 1 1 1 1 1 1                                 |

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

| HODE IS (1.7 |  |  |
|--------------|--|--|



| ANBULANCE INSPECTION REPORT  | ——————————————————————————————————————  |  |  |  |  |
|--|---|--|--|--|--|
| Service Woowsacket Fine Vehicle Plate 146 Inspection Date 17-4-  | 13 Inspector Kossmeis   |  |  |  |  |
| PASSED Vehicle has met all inspection requirements and will be issued a Cert Service is hereby authorized to use this vehicle for EMS functions pe   |   |  |  |  |  |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of inspection until the deficiencles listed herein have been corrected.   |   |  |  |  |  |
| 1. Rear outer DS Tine  | [] 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 门 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 i 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 corre  | an initial Ambulance License can be issued. This octed 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.) 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 -5683; 4.) If a reinspection is required, contact the |  |  |  |  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspe  | action have been corrected as of the date indicated.  |  |  |  |  |
| Service Representative Name Signature  | Date of Correction  |  |  |  |  |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance Service may not use the vehicle for EMS functions until correcting all deficiencies, notifying RIDOH in writing of the correction, and receiving a written reinstatement notice from RIDOH. To operate an ambulance on public ways in this state if the ambulance is not licensed by the Department of Health is a violation of Rhode Island General Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS). |   |  |  |  |  |

TOP COPY: RIDOH BOTTOM COPY: Ambulance Service

Au Manne 12/4/13
Inspector Signature Date

Service Representative Signature

Date

Inspector Signature

Woonsocket Fire Dpt.

#### AMBULANCE INSPECTION REPORT

PANUA!

Korkock of Five Rept Vehicle Plate 145 Inspection Date 12/3/13 Inspector Rossurs / PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License. NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected. \_\_\_\_\_ [ Immediate [ 24 hours [ 2 bus, days ☑7.0 bue, days Ambulanco Seats - From/ Cas | 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 bùs. days | 10 bus. days \_\_\_\_\_ immediate 24 hours 2 bus. days 10 bus. days \_\_\_\_\_ [] Immediate [] 24 hours [] 2 bus, days [] 10 bus, days IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected and RIDOH notified in writing thereof. REINSPECTION REQUIRED The above-listed deficiencies must be corrected and the vehicle MUST BE REINSPECTED before an Ambulance License can be issued. This vehicle MAY NOT be used for EMS functions until it has been successfully re-inspected. CORRECTIBLE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This vehicle MAY be used for EMS functions during the correction period shown. However, this authorization will lapse should any deficiency not be corrected within the correction period shown above and/or should RIDOH not be notified in writing thereof. INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate that deficiencies have been corrected; 3'.) Fax this form to the Division of EMS at (401) 222-3352; 4.) If a reinspection is required, contact the Division of EMS at (401) 222-2401 to make an appointment. AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the date indicated. Service Representative Name 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 it 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 Representative Signature

| AMBULANCE INSPECTION REPORT  | ☐ Annual ☐ Spot  |  |  |  |
|--|--|--|--|--|
| Service 11/45 Light 1 Mb (CO) Vehicle Plate 163.7 Inspection Date 1  | -2-14 Inspertor BOSSMALIE  |  |  |  |
| Service 14 14 5 D 1 14 1 17 10 (1 24 2 ) Service Plate 1 1 3 2 Zuispectivii date   | <del>R3</del>  |  |  |  |
| PASSED Vehicle has met all inspection requirements and will be issued  | a Certificate of Inspection  |  |  |  |
|  |  |  |  |  |
|  | es listed herein have been corrected.  |  |  |  |
| 1 Kear Miss Side Stroke.   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus, days  |  |  |  |
| 2  | ☐ Immediase ☐ 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  | trimediate 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 immediate not be reinstated until all critical deficiencies are corrected and RIDOH is   | Joined it Mind heleor.   |  |  |  |
| CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be an any deficiency not be corrected within the correction period shown above   | and/or should RIDOH flot be notified in writing mereor.  |  |  |  |
| REINSPECTION REQUIRED The vehicle must be re-inspected before a  |  |  |  |  |
| INSTRUCTIONS: 1.) Correct all cited deficiencies within the permitted time perdeficiencies have been corrected; 3.) Fax this form to the Division of EMS at (2011) 222-2401 to make an appointment.  | riod; 2.) Sign the Affadavit of Correction below to Indicate that (101) 222-6683; 4.) If a reinspection is required, contact the |  |  |  |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this inspection have been corrected as of the data indicated  Bettony Gingerella Chief  Sarvice Representative Name  Signature  Signature  Date of Correction   |  |  |  |  |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambu correcting all deficiencies, notifying RIDOH in writing of the correction, and re an ambulance on public ways in this state if the ambulance is not licensed by Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medic | the Department of Health is a violation of Rhode Island General  |  |  |  |
| Service Signature Date Serv  | TOP COPY: PIDOH BOTTOM COPY: Ambulance Service  Ce/Representative Signature  Date  1/2011  |  |  |  |

| Service Westury AMB Corpovenicle Plate WH-369 Inspection Date 9-2-14 Inspector Association         | NAnnual □Spot |
|--|---------------|
| PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. | 751           |
|  | <del></del>   |

| NOTICE                   | OF DEFICIENCY V  | /ehicle has been found deficient and will not be issued a Certificate  f Inspection until the deficiencies listed herein have been corrected.  |
|--------------------------|--|--|
| 1. Ivsp                  | Sticker  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d   |
| 2. Laight                | out Pt Coup  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d   |
| •                        |  | ☐ 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  |
| 6                        |  | immediate   24 hours   2 bus, days   16 bus, d   |
| 7,                       |  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. c   |
| 9                        |  | ☐ Immediate ☐ 24 hours ☐ 2 bus. days ☐ 10 bus. d   |
| 9                        |  | Immediate   24 hours   2 bus, days   10 bus  |
| 10                       |  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bus,   |
| CORRE any deficiencies f | einstated until all critical deficiencies  CTIBLE FAILURE(S) The vehicle's  Clency not be corrected within the cor | bulance License is immediately suspended based on the critical failures listed above age are corrected and RIDOH is notified in writing thereof.  Ambulance License will be automatically suspended WITHOUT FURTHER NOTICE shourcection period shown above and/or should RIDOH not be notified in writing thereof, must be re-inspected before a Certificate of Inspection can be issued.  In within the permitted time period; 2.) Sign the Affadavit of Correction below to indicate the prointment. |
|                          | T OF CORRECTION: I hereby certify  | y that all deficiencies cited in this inspection have been corrected as of the date indicated  9-4-2014  Signature  Date of Correction   |

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

Inspector Signature Date

BOTTOM COPY: Ambulance Service

1/2011

4013486841

| PASSE   | D Vehicle has met all ins   | pection requireme   | ents and will be issu  | ed a Certificate of Inspection   | n.   | 752                               |
|---|---|---|--|--|--|-----------------------------------|
| NOTIC   | OF DEFICIE  |   |  | cient and will not be issued   |  |                                   |
| 1. JANY   | Stiller   | <u>'</u>  | -  | [] Immediate   | 24 hours 2 bo  | us. dæys 🗀 10 bus. r              |
| 2   |   |   |  |  |  | us. days 📋 10 bus. o              |
| 3   | 110   |   | <u> </u>   | [mmediate  | 24 hours 2 b   | us. days 🗀 10 hus. o              |
| 4   |   |   | ·  | [] Immediate   | 24 hours 2 b   | ius. days 🗀 10 bus. d             |
| 5   |   |   |  | [mmediate  | 24 hours 2 b   | ous. days 🔲 10 bus. (             |
| 6   |   |   |  | ☐ Immediate  | 24 hours 2 b   | ous, days 🔲 10 bus. (             |
| 7   |   |   |  | [] Immediate   | 24 hours 2 to  | ous, days 🗀 10 bus. :             |
| 9   |   |   | ,  | ☐ Immediate  | 24 hours 2 t   | ous. days 🔲 10 bus.               |
| 9   |   | •   |  | [] Immediate   | ☐ 24 hours ☐ 2 t                                     | ous. days 🗀 10 bus                |
| 10  |   |   |  | tminediate   | 24 hours2 t  | bus daya 🔲 10 bus                 |
| not be to CORRE any detail REINS INSTRUCT! deficiencies | einstated until all critical discribed with the corrected we rection REQUIRED The ONS: 1.) Correct all cited to | eficiencies are cor<br>e vehicle's Ambula<br>ithin the correction<br>e vehicle must be r<br>deficiencies within<br>Fax this form to the | rected and RIDOH<br>ince License will be<br>a period shown about<br>re-inspected before<br>the permitted time<br>e Division of EMS a | ately suspended based on the notified in writing thereoformatically suspended we and/or should RIDOH not a Certificate of Inspection of period; 2.) Sign the Affaday to (401) 222-6683; 4.) If a re- | .  NITHOUT FURT  It be notified in w  can be issued. | HER NOTICE sh<br>writing thereof. |

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

Inspector Signature Date Date

Service Representative Signature

Date 1/2011

| *ODE IFLAGE  |  |  |  |  |  |
|--|--|--|--|--|--|
| AMBULANCE INSPECTION REPO  |  |  |  |  |  |
| Service Mesterly Amb Confehicle Plate 2/335 Inspection Da  | ne 9/3/14 Inspector /1055/11/3   |  |  |  |  |
|  | RI   |  |  |  |  |
| PASSED Vehicle has met all inspection requirements and will be is  | sued a Certificate of Inspection.  |  |  |  |  |
|  |  |  |  |  |  |
| NOTICE OF DEFICIENCY Vehicle has been found of Inspection until the defi   | leficient and will not be issued a Certificate iclencies listed herein have been corrected.  |  |  |  |  |
| Norcan   | -/ · ·   |  |  |  |  |
| 1. / V Q F L (AV   | ☐ 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  | T 10 has days  |  |  |  |  |
| 5  | - all days 50 has 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 imm  | mediately suspended based on the critical failures listed above and will DOH is notified in writing thereof.   |  |  |  |  |
| not be reinstated until all critical deficiencies are concord and all the control of the control |  |  |  |  |  |
| PENSPECTION REQUIRED The vehicle must be re-inspected by   | efore 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  Bithung Graperelle, Chief  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 liced Law § 23-4 1-6 and the Rules and Regulations Relating to Emergence  | ne Ambulance Service may not use the vehicle for EMS functions until n, and receiving a written reinstatement notice from RIDOH. To operate ensed by the Department of Health is a violation of Rhode Island General cy Medical Services (R23-4.1-EMS) |  |  |  |  |
| 10 July rassuis 7/8/14  The pector Signature  Date   | TOP COPY RIDOH BOTTOM COPY: Ambulance Service Service Representative Signature 1/2011  |  |  |  |  |

4013486841

| AMBULANCE INSPECTION REPORT  | ☑Annual ☐ Spot  |
|--|---|
| Service 4/4/4 ANN (UITS Vehicle Plate W/ 3/4 Inspection Date 9/3/14  | Inspector ROGGNUIS!   |
| Service July 14/11/1 (01/7) Vehicle Plate W/F 7/67 Inspection Date 7/3/21  | 160   |
| PASSED Vehicle has met all inspection requirements and will be issued a Certific   | rate of Inspection.   |
|  |   |
| NOTICE OF DEFICIENCY Vehicle has been found deficient and w  | HOICHT HERE BOTH  |
| 1. Trop Sticker<br>2. Pt Complights out VZ   | immediate 1924 hours   2 bus. days   10 bus. days                         |
| A. Com lights out VZ   | Immediate   24 hours   2 bus. days   10 bus. days                         |
| 2. 1 - 10 - 57   | Immediate   24 hours   2 bus. days   10 bus. day                          |
| 3  | [] Immediate [] 24 hours [] 2 bus, days [] 10 bus, day                    |
| 4  | 🗀 Immediate 🗀 24 hours 🗀 2 bus, days 📋 10 bus, day                        |
| 5  | 🗀 immediale 🗀 24 hours 🗀 2 bus, days 🗀 10 bus, da                         |
| 6  | 🖂 Immediate 🗀 24 hours 🔂 2 bus. days 🗎 10 bus. da                         |
| 9  | Immediale 🔲 24 hours 🔲 2 bus, days 📋 10 bus, da                           |
| 9  | Immediate 🗀 24 hours 🗀 2 bus. days 🛄 10 bus th                            |
| 10.  | Immediate   24 hours   2 bus. days   10 bus. d                            |
| IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately susp   | ended based on the critical failures listed above and in writing thereof. |
| CORRECTIBLE FAILURE(S) The vehicle's Ambulance License will be automated to the correction period shown above and/or   | r should RIDOH not be notified in writing thereof.                        |
| REINSPECTION REQUIRED The vehicle must be re-inspected before a Certific   | cate of inspection can be issued.   |
| 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) 22 Division of EMS at (401) 222-2401 to make an appointment.  |   |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in this in   | spection 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 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 Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Ser | penartment of Health is a violation of knode island of                    |
|  | TOP COPY: RIDOH BOTTOM COPY: Ambulance Servi                              |

Miles Constant Park Date

ervice Representative Signature

O 2 1

91311

Date

1/2011

| Manager inspection report   | Mannual .□   | ] Spot            |
|---|--|-------------------|
| Service Wesh My Mark Corps Vehicle Plate LA 45 Dinspection Date 9/  |  |                   |
| PASSED Vehicle has met all inspection requirements and will be issued a   | Certificate of Inspection. 75 4  | <u>.</u>          |
| NOTICE OF DEFICIENCY Vehicle has been found deficient of inspection until the deficiencies  | and will not be issued a Certificate<br>s listed herein have been corrected.                         |                   |
|   | Immediate   24 hours   2 bus. days   10 bu   | ıs, days          |
| 2   |  |                   |
|   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bu   |                   |
|   | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 bt   |                   |
| 5   | Immediate   24 hours   2 bus, days   10 bu   | us. days          |
| 6   | ☐ Immediate ☐ 24 hours ☐ 2 hus. days ☐ 10 bi   | us, days          |
| 7   | Immediate   24 hours   2 bus. days   10 bi   | ius, days         |
| 9   | Immediate   24 frours   2 bus. days   10 b   |                   |
| 9   | Immediate   24 hours   2 bus. days   10 b  | ous) days         |
| 10  | ☐ Immediate ☐ 24 hours ☐ 2 bus, days ☐ 10 b  | 37.               |
| IMMEDIATE FAILURE(S) The vehicle's Ambulance License is immediately not be reinstated until all critical deficiencies are corrected and RIDOH is not corrected. The vehicle's Ambulance License will be autiency deficiency not be corrected within the correction period shown above a REINSPECTION REQUIRED The vehicle must be re-inspected before a Corrected within the correction period shown above a REINSPECTION REQUIRED. | tomatically suspended WITHOUT FURTHER NOTICE and/or should RIDOH not be notified in writing thereof. | E should          |
| 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.   | ind: 2.) Sign the Affadavit of Correction below to indica  | ate that<br>t the |
| AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in the Service Representative Name  AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in the Signature  Service Representative Name  AFFADAVIT OF CORRECTION: I hereby certify that all deficiencies cited in the Signature  Service Representative Name  |  | 11ed<br>214       |
| NOTE: Once a vehicle's Ambulance License has been suspended, the Ambulance 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 Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical   | the Department of Health is a violation of Rhode Islan   |                   |
| Min hapmy 9/3/14 Anspector Signature Date Service   | TOP COPY: RIDON BOTTOM COPY: Ambulance S   | Service           |

\_\_\_ | Immediate | 24 hours | 2 bus. days | 10 bus. days

\_ immediate i 24 hours i 2 bus, days i 10 bus, days

\_\_\_\_\_ 🔲 Immediate 🗀 24 hours 🗀 2 bus, days 🗀 10 bus, days

#### 4015968942 Westerly Ambulance Jec 17 12 05:59p A 221 3 00 F. AMBULANCE INSPECTION REPORT Vehicle Plate 2/335 Inspection Date 12/14/12 Inspector Rossouries PASSED Vehicle has met all inspection requirements and will be issued a Certificate of Inspection. The above listed Ambulance Service is hereby authorized to use this vehicle for EMS functions pending issuance of an initial Ambulance License. NOTICE OF DEFICIENCY Vehicle has been found deficient and will not be issued a Certificate of Inspection until the deficiencies listed herein have been corrected. Africa de la companya del companya del companya de la companya del companya de la companya del companya de la companya del companya de la companya del companya de la comp \_\_\_\_\_\_ ☐ 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

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.

IMMEDIATE FAILURE(S) The above-listed deficiencies must be corrected before an initial Ambulance License can be issued. This

6.\_\_\_\_\_\_ | Immediate | 24 hours | 2 bus. days | 10 bus. days

7. \_\_\_\_\_\_ | Immediate | 24 hours | 2 bus, days | 10 bus, days

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. Service Representative Name

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

Inspector Signature

Service Representative Signature

TOP COPY: RIDOH

BOTTOM\_COPY: Ambulance Service

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#### AMBULANCE INSPECTION REPORT

Westerly Ambulance

Service Weskirly Amb Corps Vehicle Plate 4 366 Inspection Date 4/24/13 Inspector Roseners

NEW VEHICLE

p.2

|                 | PASSED Vehicle has met all inspection requirements and will be issued a Certific Service is hereby authorized to use this vehicle for EMS functions pendi  | ate of Inspection. The above listed Ambulance ng issuance of an initial Ambulance License.   |
|-----------------|--|--|
|                 | NOTICE OF DEFICIENCY Vehicle has been found deficient and will of Inspection until the deficiencies listed h   |  |
|                 | of Inspection until the deficiencies listed hi<br>1. <u>SOL - KKK SZEC MAY ASQUEST VARTERIAL</u><br>2. <u>ledi whild</u><br>3. <u>Insp Sticker</u>   | Immediate 24 hours 2 bus. days 函10 bus. days Immediate 24 hours 2 bus. days 图10 bus. days Immediate 24 hours 2 bus. days 10 bus. days                    |
|                 | 6. Vehicle May be used powding Corr def  | □ Immediate □ 24 hours □ 2 bus, days □ 10 bus, days □ □ Immediate □ 24 hours □ 2 bus, days □ 10 bus, days  |
|                 | 9. <u>1/24/13 (ED)</u>   | Immediate             24 hours         2 hus. days         10 hus. days  |
| trace           | 10.  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 vehicle MAY NOT be used for EMS functions until all critical deficiencies are corrected to the corrected before and the c | ed and RIDOH nouried 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 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  | s until it has been successfully re-inspected e an initial Ambulance License can be issued. This ir, this authorization will lapse should any deficiency |
|                 | 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) 222-2401 to make an appointment.  | n 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 inspection.  Bethany Gngerelle Signature  Service Representative Name  | on have been corrected as of the date Indicated.  7/31//3  Date of Correction  |
| . <del></del> . | 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 wran ambulance on public ways in this state if the ambulance is not licensed by the Departu Law § 23-4.1-6 and the Rules and Regulations Relating to Emergency Medical Services  | itten reinstatement notice from RIDOH. To operate<br>nent of Health is a violation of Rhode Island General   |
| Inspect         | tor Signature Date Service Representa  | TOP COPY RIDOH BOTTOM COPY: Ambulance Service    29   3  |