## **AMBULANCE**

Date:	Time:		<i>E#</i>	
<i>Incide</i> Comp	ent Name:			
Agreement #				
VIN/Serial #			Equipment Model:	
License Plate #		License Plate State:		
Opera	ntor's Full Name:			
	EQU	IPMENT 1	CYPE	
	<b>Type 1</b> – ALS, Hazmat capable, 2 person (1 Paramedic & 1 EMT)	nel	Type 2 – ALS, 2 personnel (1 Paramedic & 1 EMT)	
	<b>Type 3</b> – BLS, Hazmat capable, 2 personne (2 EMT <u>OR</u> 1 EMT & 1 First Responder)	el	<b>Type 4</b> – BLS, 2 personnel (2 EMT <u>OR</u> 1 EMT & 1 First Responder)	

## MINIMUM EQUIPMENT REQUIREMENTS

	Not all inclusive; for additional clarification refer to the agreement (SF-1449 section $D$ ).		Yes	No	
1	Equipment VIN/serial # matches resource order (Schedule of Items)				
2	Check-in process completed	D.6.5.3			
3	Agreement: One complete copy	D.8			
4	Company Name on each side of vehicle				
5	Fire Extinguisher: Multi-Purpose 2A 10BC securely mounted				
6	Vehicle Requirements:       □ Seat Belts       □ Backup Alarm         □ Flashlight       □ Drinking Water (1 Gallon)	D.2.6			
7	Vehicle is 4 Wheel Drive (If ordered as fireline)	D.2.6			
8	One handheld or mobile programmable radio: Approved radio listed on NIFC National Interagency Incident Communications Divisions website https://www.nifc.gov/resources/NIICD/niicd-documents	D.2.2.4			
FIRELINE QUALIFIED PERSONNEL MUST HAVE THE FOLLOWING					
9	PPE: ☐ Hard Hat ☐ Gloves ☐ Eye Protection ☐ Hearing Protection ☐ Headlamp with batteries ☐ 8-inch Leather Boots	D.2.5.1			
10	<b>Flame resistant clothing:</b> A minimum of two full sets of flame-resistant shirts and pants certified to NFPA 1977 standard				
11	Fire shelter	D.2.5.1			

VIPR	Fire Equipment Incident Compliance Inspection Checklist	AMBULA	NCE
12	Current Incident Qualification Documentation: RT-130 Completion I	ate	
	Paramedic/EMT: Date:	D.3.1	
	EMT/1 <sup>st</sup> Responder: Date:		
			1
	L Checks (When available, otherwise will be completed by initial inspect		
13	Ambulance Certification/License: Current	D.2	
14	Personnel meet minimum qualifications for ambulance type	D.3	
15	Personnel have current medical qualification card	D.3	
☐ Inspe	Equipment meets agreement specifications   Equipment does not exter:  (Print and sign)	meet agreement spec Date:	
Contr	ractor:(Print and sign)	Date:	
·		<b>.</b>	
MED	DL (when available):(Print and sign)	Date:	
	Contactor successfully corrected noted deficiencies		
Inspe	ector: Date:		
REM	IARKS:		