City of McAllen
Fire Department

AMBULANCE INSPECTION
APPOINTMENT REQUEST & CONFIRMATION

2027

Inspections are conducted:

Tuesday, Wednesday and Thursday
9:00 am - 12:00 pm and 1:30 pm - 3:30 pm
By Appointment only and upon Availability

Requested Appointment Date & Time:	Provider Name:	EMS License No.:	McAllen License No.:

VEHICLE DESCRIPTION:
Provider may bring any vehicle that is listed on the City of McAllen Ambulance License & Permit Application.

EMS Personnel assigned to identified unit: **(All personnel arriving in vehicle at time of inspection must be properly identified and must have Driver's License and EMS State License on hand)**
****NOTICE: Once the inspection has begun no personnel, equipment, supplies and/or documents will be allowed to be brought into the vehicle.**

Unit will be inspected using the following:

- **Provider's own copy of Minimums Supply list signed by their Medical Director (latest copy on file will be used)**
- **Inspection Report Items List below (this list is NOT inclusive; please review the McAllen's Policies & Procedures manual and McAllen Ambulance Ordinance)**

□ License Plate Sticker Exp. Date:_____
□ Emergency Warning Devices Operational
□ Insurance Card with corresponding VIN#_____
Insurance Card Policy #_____
□ Company Name Displayed
□ License from State Displayed & Current
□ No Smoking Signs Displayed Front & Rear
□ Emergency Response Guide Book (**2024** version)

□ DSHS License Document Certificate #_____
Expiration Date:_____
Designation: □ BLS □ ALS □ MICU □ ALS W/MICU Capabilities
□ Fire Extinguisher Date Inspected:_____ Serial #: _____
□ 5 pound □ ABC type □ Mounted
□ Protocol Book with Doctor Signature
□ Minimums Supply List in Protocol with Doctor Signature
□ House Oxygen Amount:_____
□ Portable Oxygen Amount:_____
□ Two Way Communication (Type:_____)
□ 25 Triage Tags

All Battery Powered Items Must Be Operational

□ Heart Monitor (test strip & serial #_____)
□ Extra Battery for Heart Monitor
□ AED (serial #_____)
□ Extra Battery for AED
□ 2 Adult Pads for AED / Heart Monitor
□ 2 Pediatric Pads AED / Heart Monitor
□ Penlight
□ Flashlight
□ Extra Battery (for Flashlight)
□ Portable Suction

□ Extra Container and/or bag(s) _____
□ House Suction with bag(s) if applicable _____
□ Laryngoscope
□ Extra Battery for Laryngoscope
□ Glucometer
□ Extra Battery for Glucometer
□ Strips must have manufactures expiration date _____
□ Lancets
□ Pulse Oximeter (reading must be taken) _____
□ Extra Battery for Pulse Oximeter

I understand that, unless a prior written request to re-schedule or cancel is received no later than (3) business days before a scheduled appointment, missing or canceling an appointment will be considered a "Failed" inspection and a re-inspection fee of $25.00 must be paid for any subsequent inspection. Failure to show up within fifteen (15) minutes of a scheduled appointment, it will be considered a 'No Show'.

_____ _____
Signature Date

McAllen Fire Dept. Staff: Applicant's requested date: □ Approved □ Not Approved By: _____
Name

Alternative Appointment date & time (please select one): ***(Staff will make note here of any available appointment dates & times for applicant to select from)***

****Once alternative appointment is selected; form must be re-submitted.**

Revised 8/26/26