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Governor



Richard Whitley,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



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REQUEST FOR INSPECTION OF GROUND AMBULANCE, AIR AMBULANCE OR NON-TRANSPORT AGENCY VEHICLE.

If requesting inspections for more than one vehicle, complete a request for inspection and an inspection form for each vehicle you are requesting an inspection. Requests must be submitted a minimum of 10-business days prior to the requested inspection date. Email the completed request forms and corresponding inspection forms to: HealthEMS@health.nv.gov.

Today's date: _____ Agency Name: _____

Agency Permit Number: _____ Person Requesting Inspection: _____

Phone: _____ Email: _____

AGENCY VEHICLE INFORMATION:

Vehicle Type: _____ Make: _____

(Ambulance, Air Ambulance or Non-Transport)

Model: _____ Year: _____ Call Sign: _____

License Plate #: _____ License plate expiration date: _____ Mileage: _____

VIN: _____

Agreement in place with NDOT for NSRS: _____ or _____ Radio LID: _____

Yes No

Requested Inspection Date: _____ Is vehicle ready for inspection today? _____ or _____

Yes No

Vehicle is not to be placed into service as an EMS unit until inspected by DPBH/EMS staff and determined to be in compliance with regulations or approved to be placed into service by attestation under certain circumstances.

If vehicle is placed into service based on attestation and fails inspection by DPBH EMS staff, a fine of \$600.00 will be issued to the agency.