

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

QUICK RESPONSE SERVICE INSPECTION CHECKLIST

I. GENERAL INFORMATION: Date Stickers: Yes _____ No _____
Decals: Yes _____ No _____

Name of Quick Response Service: _____

Address: _____

City State Zip

License Plate # : _____ Year: _____ Make: _____ Model: _____

Vehicle Identification # (VIN): _____ Mileage: _____

Date Inspected: _____ Affiliate # : _____

Regional EMS Council: _____

| II. DOCUMENTS AND VEHICLE | PRESENT | DEFICIENT | CORRECTED |
|--|-----------------------|-----------|-----------|
| Personnel Roster | | | |
| Patient Care Reports | | | |
| Infection Control Plan | | | |
| Vehicle Meets Current PENNDOT Requirements | | | |
| III. SUPPLIES AND EQUIPMENT | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
| Portable or Manual Suction Unit (1) | | | |
| Suction Catheters, Flexible (6)/Rigid (1) | | | |
| Airways, Oropharyngeal (6) | | | |
| Sphygmomanometer (S,M,L) (1 each) | | | |
| Stethoscope (1) | | | |
| Penlight (1) | | | |
| Portable Oxygen Unit (1) | | | |
| Oxygen Delivery Devices: | | | |
| Pocket Mask (1) | | | |
| Nasal Cannula (Adult/Pediatric-1 each) | | | |
| High Concentration Masks (Adult/infant and Pediatric- 1 each) | | | |
| Dressings: | | | |
| Occlusive (3" x 4") (4) | | | |
| Soft Self-Adhering (6 rolls) | | | |
| Sterile Gauze Pads (3" x 3") (25) | | | |
| Multi-Trauma (10" x 30") (4) | | | |
| Adhesive Tape (4 rolls of at least 2 different sizes) | | | |
| Immobilization Devices: | | | |
| Rigid/Semi Rigid Neck Immobilizers (SM., Med., Lg., Ped) (1 of each) | | | |
| Bag-Valve Devices: | | | |
| Adult and Pediatric (1 of each) | | | |
| Sterile Burn Sheets (4" x 4") (2) | | | |
| Cold Packs, Chemical (4) | | | |
| Sterile Water/Normal Saline (2 liters) | | | |
| **AED (for approved services w/Med. Dir) | | | |
| **Epinephrine Auto Injector-Adult/Ped (2ea) | | | |

| III. SUPPLIES AND EQUIPMENT (Cont.) | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|---|-----------------------|-----------|-----------|
| Triangular Bandages (8) | | | |
| Sterile OB Kit (1) | | | |
| Separate Bulb Syringe (1) | | | |
| Activated Charcoal (50 grams) | | | |
| Bandage Shears (1) | | | |
| Triage Tags (25) | | | |
| Blankets (2) | | | |
| Instant Glucose (45 grams) | | | |
| Emergency Jump Kit | | | |
| Splinting Materials- (6 sizes) | | | |
| Hard Hat (1 per crew member) | | | |
| Radio Communications Equipment | | | |
| Emergency Response Guidebook (Current Edition) | | | |
| Gloves, Leather (1 pair per crew member) | | | |
| V. PERSONAL PROTECTION EQUIPMENT | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
| Clear Eye Protection* | | | |
| Face Mask* | | | |
| Gown/Coat* | | | |
| Surgical Cap/Foot Coverings* | | | |
| Double Barrier Gloves* | | | |
| Biological Waste Container | | | |
| * 1 set/pair per responding crew member | | | |
| ** For authorized/Approved services | | | |
| <p style="text-align: right;">Inspected By: _____ (Printed Name)</p> <p style="text-align: right;">Signature: _____</p> <p style="text-align: right;">Date forwarded to EMS Office: _____</p> | | | |

