

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

ALS Ambulance Inspection Checklist

GENERAL INFORMATION:

Date Stickers:

Decals:

Name of EMS Agency:
Dominate Lettering (as displayed on EMS unit)

License Plate # : Year: Make: Model:

Vehicle Identification # (VIN):

Date Inspected: Affiliate # :

Regional EMS Council: Mileage:

VEHICLE/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Identified as Meeting the Fed KKK 1822 Specs			
Exterior Markings			
Audible Warning Signal			
Lights:			
Exterior			
Interior			
Dual Battery System			
Fire Extinguisher (1) (5# ABC dry chem. or CO2) (Body of Amb.)			
Fire Extinguisher (1) (5# ABC dry chem. or CO2) (Patient Comp.)			
Power Supply			
Current Vehicle Inspection			
Current Vehicle Insurance			
Current Vehicle Registration			
Interior Requirements:			
General Safety Concerns			
Floor			
Patient Area Partition			
Storage Cabinets			
IV Hangers Flush with Ceiling (2)			
Patient Litter Compliant With 5 Manufacture Approved Straps			
Doors (side and rear gasket, latches and hinges)			
No Smoking/Oxygen Equipped Sign - In Cab of Vehicle (1)			
No Smoking/Oxygen Equipped Sign - In Patient Compartment (1)			
Fasten Seat Belts Sign - In Cab of Vehicle (1)			
Fasten Seat Belts Sign - In Patient Compartment (1)			
Radio Equipment (meets regional comm. requirements)			
Installed Oxygen			
AMD Standard 003 for crashworthiness (3) Straps			
with mounted O2 flow meter 0-25 lpm (1)			
On Board Oxygen with at least 500 Liters of O2 at the time of inspection			
Installed Suction (300mm/Hg in 4 sec.)			
Results:			
Installed Suction - Gauge with the ability to control suction			
Operational Heating/Cooling Equipment-Maintained between 68°F & 78°F (at patient stretcher) Results:			
Ventilation / Exhaust Equipment			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
MEDICAL SUPPLIES/EQUIPMENT			
Current Version of Statewide EMS Protocols			
Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results:			
Suction Catheters: (Sterile)			
Rigid (2)			
6 Fr. Suction Catheter (1)			
8 Fr. Suction Catheter (1)			
10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2)			
14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2)			
Oropharyngeal - (to include 6 different Sizes)			
Size 0 (1)			
Size 1 (1)			
Size 2 (1)			
Size 3 (1)			
Size 4 (1)			
Size 5 (1)			
Nasopharyngeal (5 different Sizes)			
Size 16 (1)			
Size 24 (1)			
Size 26 (1)			
Size 32 (1)			
Size 34 (1)			
Lubrication (2cc or Larger tube) sterile water soluble (2)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen with a min. tank capacity of 300 liters and a minimum of 500 psi (1)			
Full Spare O2 cylinder with a 300 liters capacity (1)			
Oxygen Delivery Devices:			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Masks (1)			
Pediatric High Concentration Mask (1)			
Infant High Concentration Mask (1)			
Humidifier bottle (1)			
Adult Bag Valve Mask Device (700cc) (1)			
Pediatric Bag Valve Mask Device (450cc) (1)			
Adult Mask (1)			
Child Mask (1)			
Infant Mask (1)			
Neonatal Mask (1)			
Sphygmomanometer (interchangeable gauges are permitted)			
Child Cuff			
Adult Cuff			
Thigh Cuff			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Penlight (1)			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (4" x 4") (25)			
Sterile Burn Sheets (4' x 4') (2)			
Soft Self Adhering Gauze (6 rolls)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Bandage Shears (1)			
Commercial "Tactical" Tourniquet (2)			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers - Small or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Medium or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Large or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Peds or Multi Size (1)			
Straps 9' (5)(May sub spider straps or speed clips for 3)			
Folding Litter/Collapsible Device (1)			
Stair Chair (1)			
Traction Splint Adult or Comb) (1)			
Traction Splint Child or Comb) (1)			
Upper Extremity Splints (2)			
Lower Extremity Splints (2)			
Pediatric Safe Transport Device (between 10 and 99lbs)			
Pediatric Equipment/Dosing Sizing Tape (Current) (1)			
Sterile Water/Normal Saline- 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Triangular Bandages (8)			
Sterile OB Kit (2)			
Separate Bulb Syringe (1) Sterile			
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			
Pillow (1)			
Blankets (2)			
Sheets (4)			
Pillow Cases (2)			
Towels (4)			
Disposable Tissues (1 box)			
Emesis Container (1)			
Bedpan (1)			
Urinal (1)			
Disposable Paper Drinking Cups (3 oz.) (4)			
Emergency ALS Jump Kit (1)			
Thermometer (1) electronic, digital, non-tympanic			
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute)			
CPAP Ventilation - portable equipment with (2) disp. Masks			
Pulse Oximetry			
ALS EQUIPMENT/SUPPLIES			
Endotracheal Tubes:(must be sterile & indiv. wrapped)			
2.5 mm or 3.0 mm (uncuffed) (2)			
3.5 mm or 4.0 mm (uncuffed) (2)			
4.5 mm or 5.0 mm (2)			
5.5 mm or 6.0 mm (2)			
6.5 mm or 7.0 mm (2)			
7.5 mm or 8.0 mm (2)			
8.5 mm or 9.0 mm (2)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Blades:			
Straight # 1 (1)			
Straight # 2 (1)			
Straight # 3 (1)			
Curved # 3 (1)			
Curved # 4 (1)			
Stylette - Malleable (1 Adult) must be sterile			
Stylette - Malleable (2 Pediatric) must be sterile			
Forceps, Magill (1 - Adult)			
Forceps, Magill (1 - Pediatric)			
Non-surgical Alternative/Rescue Airways - Either (3) Kings (size 3,4,5) or (2) Combitubes (small & adult - 1 each) or (3) i-gel (size 2, 3, 4)			
Meconium Aspirator (1)			
Nebulizer System (1)			
Phlebotomy Equipment (per regional protocol)			
Sponges/Preps/Wipes-Alcohol (10)			
Electronic Glucose Meter (1)			
IV Therapy Supplies:			
Catheters Over the Needle:			
14 gauge (4)			
16 gauge (4)			
18 gauge (4)			
20 gauge (4)			
22 gauge (4)			
24 gauge (2)			
IV Administration Supplies:			
Microdrip (50-60 drops/ml) (2)			
Macro drip (10-20 drops/ml) (2)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Adenosine			
Aspirin (81 mg)			
Atropine Sulfate			
Benzodiazepines (at least one):			
Diazepam			
Lorazepam			
Midazolam			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Diphenhydramine HCl			
Epinephrine (1:1,000)			
Epinephrine (1:10,000)			
Lidocaine HCl			
Naloxone			
Narcotic Analgesics (at least one):			
Fentanyl			
Morphine Sulfate			
Nitroglycerine, sublingual			
IV Solutions (2,000 ml total)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Sodium Bicarbonate			
Hypodermic Needles:(must be sterile & indiv. wrapped)			
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Intraosseous (14-18 gauge) (Total of 2)			
3 1/4" over the needle catheter : 10, 12 or 14 gauge (2)			
Syringes (2 with at least one being 1 mL volume)			
12 Lead Cables & Pacing & Transmitting Capabilities (Adult & Pedi)			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)			
Electrodes, ECG (Adult) (12)			
Electrodes, ECG (Pediatric) (12)			
Electronic Waveform Capnography			
Hand light (2)			
Hazard Warning Device (3)			
High-visibility safety apparel (1/crew member)			
Helmet (1 per crew member)			
Gloves (leather) (1 pair per crew member)			
Eye Protection (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Ed.			
PERSONAL INFECTION CONTROL KIT			
Eye Protection*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Red Bags - per infectious control plan			
Sharps Containers - per infectious control plan			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crew member			
	YES	NO	
Was a deficiency notification issued for this vehicle?			
Is a copy of the deficiency notification attached to this form? *			
Is a reinspection required?			
Electronic Deficiency Form Completed			
Digital Images Captured			
Vehicle Placed Out of Service (Per I.B. 2013-001)			
* All deficiencies are required to be documented on approved form and submitted with this form.			
Inspected By: _____ (Printed Name)			
Signature: _____			
Date Forwarded to BEMS: _____			