

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

BLS Ambulance Inspection Checklist

I. GENERAL INFORMATION:

**Date Stickers:
Decals:**

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

License Plate # :
Vehicle Identification # (VIN):
Date Inspected:
Regional EMS Council:

Year: Make: Model:

Affiliate # :
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			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Operational Heating/Cooling Equipment-Maintained between 68°F & 78°F (at patient stretcher) Results:			
Ventilation / Exhaust 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)			
Portable O2 flow meter 0-25 lpm (1)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen with a min. tank capacity of 300 liters and min. of 500 PSI (1)			
Full Spare O2 cylinder with a 300 liters capacity (1)			
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 (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Penlight (1)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (4" x 4") (25)			
Soft Self Adhering (6 rolls)			
Sterile Burn Sheets (4' x 4') (2)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			
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)			
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 BLS Jump Kit (1)			
Thermometer (1) electronic digital non-tympanic			
Instant Glucose (45 grams - 40% dextrose-d-glucose gel) or food grade substitute			
Pulse Oximetry (1)			
Aspirin 81 mg (1 small bottle)			
AED			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)			
Hand light (2)			
Hazard Warning Device (3)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
High-visibility safety apparel (1/crew member)			
Helmet (1 per crew member)			
Gloves (1 pair per crew member)			
Eye Protection - Goggles (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Edition			
PERSONAL INFECTION CONTROL KIT			
Eye Protection - clear & disposable*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Red Bags - (per infectious control plan)			
Sharps container - (per infectious control plan)			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
Optional Equipment			
CPAP Ventilation - portable equipment with (2) disposable masks			
Naloxone			
Electronic Glucose Meter (1)			
Epinephrine Auto Injector, Adult & Pediatric (2) of Each			
	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: _____			

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