

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

**BLS Squad 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:

	YES	NO	N/A
	PRESENT AND OPERATING	DEFICIENT	CORRECTED
<b>VEHICLE/EQUIPMENT</b>			
Meets PA Vehicle Code 75 PA C.S.			
Exterior Markings			
Audible Warning Signal Device			
Emergency Lights			
Fire Extinguisher (1) (5# ABC dry chem or CO2) (Current Insp.)			
Current Vehicle Inspection			
Current Vehicle Insurance			
Current Vehicle Registration			
General Safety Concerns			
Bulky Items Secured			
No Smoking /Oxygen Equipped Sign (1) in front			
Fasten Seat Belts Signs (1) in front			
Radio Equipment (meets regional comm. requirements)			
<b>MEDICAL SUPPLIES/EQUIPMENT</b>			
Current Version of Statewide EMS Protocols			
Portable Suction Unit (1)(300mm/Hg in 4 sec.) <b>Results</b>			
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)			
Airways:			
Oropharyngeal - (to include 6 different Sizes)			
Size 0 (1)			
Size 1 (1)			
Size 2 (1)			
Size 3 (1)			
Size 4 (1)			
Size 5 (1)			

MEDICAL SUPPLIES/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
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 (Min. 300 liters) (1)			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Masks (1)			
Pediatric High Concentration Mask (1)			
Infant High Concentration Mask (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)			
<b>Sphygmomanometer (interchangeable are permitted)</b>			
Child Cuff (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
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)			
Soft Self Adhering Gauze ( 6 rolls )			
Sterile Burn Sheets (4' x 4') (2)			
Triangular Bandages (8)			
Adhesive Tape ( 4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Commercial "Tactical" Tourniquet (2)			
Rigid/Semi Rigid Adult Neck Immobilizer -Small or Multi Size (1)			
Rigid/Semi Rigid Adult Neck Immobilizer -Medium or Multi Size (1)			
Rigid/Semi Rigid Adult Neck Immobilizer -Large or Multi Size (1)			
Rigid/Semi Rigid Peds. Neck Immobilizer -Peds or Multi Size (1)			
Sterile Water/Normal Saline- 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Sterile OB Kit (2)			
Separate Bulb Syringe (1) Sterile			
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
<b>MEDICAL SUPPLIES/EQUIPMENT</b>			
Blankets (2)			
Emergency BLS Jump Kit (1)			
Thermometer electronic, digital, non-tympanic (1)			
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute)			
Pulse Oximetry (1)			
Aspirin 81 mg (1 small bottle)			
AED			
Set of Adult Defibrillator Pads (1)			
Set of Pediatric Defibrillator Pads (1)			
<b>PERSONAL PROTECTIVE EQUIPMENT</b>			
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 - Goggles (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Ed.			
<b>PERSONAL INFECTION CONTROL KIT</b>			
Eye Protection - clear & disposable*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Red Bags - per infectious control plan			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
<b>Optional Equipment</b>			
CPAP Ventilation - portable equipment with (2) disposable masks			
Naloxone			
Electronic Glucose Meter (1)			
Epinephrine Auto Injector, Adult & Pediatric (2) of each			
	<b>YES</b>	<b>NO</b>	
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: _____			

