PENNSYLVANIA DEPARTMENT OF HEALTH **IALS Ambulance Inspection Checklist** I. 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:

regional zine countin			
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:			

	PRESENT		
	AND		
	OPERATING	DEFICIENT	CORRECTED
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			
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)			
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)			
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 Mask (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)			
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	AND		
	OPERATING	DEFICIENT	CORRECTED
Sphygmomanometer (interchangeable gauges are permitted)			
Child Cuff (1)			
Adult Cuff (1)	1		
Thigh Cuff (1)	1		
Adult Stethoscope (1)	1		
Pediatric Stethoscope (1)	1		
Penlight (1)	1		
Multi-Trauma (10" x 30") (4)	1		
Occlusive (3" x 4") (4)	1		
Sterile Gauze Pads (4" x 4") (25)	1		
Soft Self Adhering Gauze(6 rolls)	1		
Sterile Burn Sheets (4' x 4') (2)	1		
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)	1		
Bandage Shears (1)	1		
Commercial "Tactical" Tourniquet (2)	1		
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)	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)	1		
Lower Extremity Splints (2)	1		
Pediatric Safe Transport Device (between 10 and 99 lbs.)	†		
Pediatric Equipment / Dosing Sizing Tape (Current) (1)	†		
Sterile Water/Normal Saline - 2 liters	1		
Cold Packs, Chemical (4)	1		
Heat Packs, Chemical (4)	1		
Triangular Bandages (8)	1		
Sterile OB Kit (2)	1		
Separate Bulb Syringe (1) Sterile	1		
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)	1		
Pillow (1)	1		
Blankets (2)	1		
Sheets (4)	1		
Pillow Cases (2)	1		
Towels (4)	1		
Disposable Tissues (1 box)	1		
Emesis Container (1)	1		
Bedpan (1)	1		
Urinal (1)	1		
Office (1)	<u> </u>		

	PRESENT		
	AND		
	OPERATING	DEFICIENT	CORRECTED
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)			
CPAP Ventilation - portable equipment with (2) disposable masks			
Pulse Oximetry	1		
Non-surgical Alternative/Rescue Airways - Either (3) Kings (size	1		
3,4,5) or (2) Combitubes (small & adult - 1 each) or (3) i-gel (size			
2, 3, 4)			
Nebulizer System (1)			
Sponges/Preps/Wipes-Alcohol (10)			
Electronic Glucose Meter (1)			
IV Therapy Supplies:			
Catheters Over the Needle:			
14 gauge (4)			
16 gauge (4)	1		
18 gauge (4)	1		
20 gauge (4)	1		
22 gauge (4)	1		
24 gauge (2)	1		
IV Administration Supplies:			
Macrodrip (10-20 drops/ml) (2)			
Tourniquets for IV Use (2)	1		
Medications and Supplies:			
Aspirin (81 mg)			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Epinephrine (1:1,000)	1		
Glucagon	1		
Naloxone	1		
Nitroglycerine-Sublingual	1		
IV Solutions (2000 ml total)	1		
Hypodermic Needles:(must be sterile & indiv. wrapped)	1		
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Syringes (2 with at least one being 1 mL volume)	1		
Defibrillator/Monitor			
12 Lead			
Transmit Capabilities			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)]		
Electrodes, ECG (Adult) (12)	1		
Electrodes, ECG (Pediatric) (12)	1		
Electronic Waveform Capnography (1)]		

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 Edition PERSONAL INFECTION CONTROL KIT Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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		PRESENT		
AED (required if unable to utilize defibrillator mode) 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 Edition PERSONAL INFECTION CONTROL KIT Eye Protection* Gown/Coat* Surgical Cap/Foot Coverings* Exam Gloves* Red Bags (per infectious control plan) N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)		AND		
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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 Edition PERSONAL INFECTION CONTROL KIT Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	AED (required if unable to utilize defibrillator mode)			
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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 Edition PERSONAL INFECTION CONTROL KIT Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Hazard Warning Device (3)	1		
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 Edition PERSONAL INFECTION CONTROL KIT Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	High-visibility safety apparel (1/crew member)	1		
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* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Helmet (1 per crew member)]		
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DOT Emergency Response Guide (1) - Current Edition PERSONAL INFECTION CONTROL KIT Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Eye Protection - Goggles (1 pair per crew member)			
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Eye Protection* 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 - Non-water (1 container) * Disposable - one set/pair per responding crewmember * Disposable - one set/pair per responding crewmember YES NO	DOT Emergency Response Guide (1) - Current Edition			
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Surgical Cap/Foot Coverings* Exam Gloves* Red Bags (per infectious control plan) Sharps container (per infectious control plan) N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Eye Protection*			
Exam Gloves* Red Bags (per infectious control plan) Sharps container (per infectious control plan) N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Gown/Coat*			
Red Bags (per infectious control plan) Sharps container (per infectious control plan) N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Surgical Cap/Foot Coverings*			
Sharps container (per infectious control plan) N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Exam Gloves*			
N-95 Respirator Mask* Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Red Bags (per infectious control plan)			
Hand Disinfectant - Non-water (1 container) * Disposable - one set/pair per responding crewmember 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)	Sharps container (per infectious control plan)			
* Disposable - one set/pair per responding crewmember 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)	N-95 Respirator Mask*			
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)	Hand Disinfectant - Non-water (1 container)			
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Electronic Deficiency Form Completed Digital Images Captured Vehicle Placed Out of Service (Per I.B. 2013-001)	Is a copy of the deficiency notification attached to this form? *			
Digital Images Captured Vehicle Placed Out of Service (Per I.B. 2013-001)	Is a reinspection required?			
Vehicle Placed Out of Service (Per I.B. 2013-001)	Electronic Deficiency Form Completed			
	Digital Images Captured]		
**All deficiencies are required to be documented on approved form and submitted with this form.	Vehicle Placed Out of Service (Per I.B. 2013-001)]		
	**All deficiencies are required to be documented on approved forn	n and submitted v	with this form.	
Inspected By:		Inspected By: _		
(Printed Name)			(Printed Name)	
Signature:		Signature:		
Date Forwared to BEMS:		•	to BEMS:	

Version 9/1/2017