

Pennsylvania Department of Health  
Bureau of EMS  
Transport Ambulance Inspection Checklist and Deficiency Notification (If required)

Name of EMS Agency:					
Dominant Lettering (as displayed on EMS unit):					
License Plate # :		Year:			
Vehicle Identification # (VIN):		Make:			
		Model:			
Vehicle Level of Service:		Unit Number (if applicable):			
Date Inspected:		<b>Deficiency Key*:</b> <b>B = Broken</b> <b>E = Expired</b> <b>M+# = Missing</b> - # indicates how many items are missing (Ex. M1) <b>O = Other</b> - include a note if using other			
Regional EMS Council:					
Name of Inspector(s):					
<b>Critical Criteria for Out-of-Service (OOS) consideration (non-inclusive list) - Contact BEMS to place vehicle OOS</b>					
<b>VEHICLE</b>		<b>VERIFIED</b>	<b>DEFICIENT*</b>	<b>CORRECTED</b>	<b>NOTES</b>
Meets the requirements of Federal Specifications KKK 1822					
Current Pennsylvania Vehicle Safety Inspection					
Current Vehicle Insurance - digital copy is acceptable, if on tablet or computer that remains in vehicle					
Current Vehicle Registration - digital copy is acceptable, if on tablet or computer that remains in vehicle					
General Vehicle Safety Concerns					
<b>Exterior Markings</b>					
Mirrored image "Ambulance" 4 inches high and centered above grill					
"Ambulance" on rear of vehicle					
Star of Life:					
2 - 3" on each side of "Ambulance" on the front of vehicle					
2 - 16" on the right and left exterior sides					
2 - 12" on the rear of the vehicle					
1 - 32" on the vehicle rooftop					
DOH licensure decals on right and left exterior sides					
Legal name or registered fictitious name in 3"+ letters on both right and left exterior sides					
"Ambulance", "Emergency Medical Services", "EMS and Rescue" or similar words on both right and left exterior sides					
Audible Warning Signal					
<b>Lights</b>					
Exterior Emergency Lights (Chapter 45 - Title 75 § 4571(a), (b)(3), (3.2))					
<b>Permitted:</b> 1 or more revolving or flashing red lights; flashing red lights in reverse lamp assemblies; flashing headlamps, flashing or revolving white or clear lights, steady burning lights, traffic-control emergency directional lights, amber lights and intersection lights					
<b>Not permitted:</b> combination red & blue lights; flashing or revolving lights mounted internally (with the exception of fire based agencies)					

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Interior	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Dual Battery System (if equipped)				
Power Supply to operate all accessories				
Fire Extinguisher (1) (5# ABC dry chem. or CO2) (located in either the driver/cab compartment or in body of ambulance reachable from outside the vehicle). Inspected within the previous 12 months with appropriate inspection tag attached.				
Fire Extinguisher (1) (5# ABC dry chem. or CO2) (located in the patient compartment) Inspected within the previous 12 months with appropriate inspection tag attached.				
Non-skid floor				
Patient area partition				
Storage Cabinets with ability to secure when vehicle is in motion				
Ability to secure all bulky items when vehicle is in motion				
IV Hangers flush with ceiling (2)				
Patient litter compliant with 4 or 5 manufacturer approved straps, including a minimum of two shoulder straps				
Stretcher is securely mounted				
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)				
<b>Radio Equipment (meets reg. communications requirements)</b>				
<b>Installed Oxygen - AMD Standard 003 for crashworthiness</b>				
O2 flow meter 0-25 (1)				
At least 500 Liters of O2 at the time of inspection				
<b>Installed Suction (300mm/Hg in 4 sec.)</b>				
<b>Results:</b>				
Installed Suction - Gauge with the ability to control suction				
<b>Operational Heating/Cooling Equipment-Maintained between 68°F &amp; 78°F - Current Temperature:</b>				
Ventilation / Exhaust Equipment				

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<b>BLS Equipment</b>				
	<b>VERIFIED</b>	<b>DEFICIENT*</b>	<b>CORRECTED</b>	<b>NOTES</b>
Current version of Statewide EMS Protocols - digital copy is acceptable, if on tablet or computer that remains in vehicle				
<b>Portable Suction Unit (1) (300mm/Hg in 4 sec.)</b>				
<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)				
Oropharyngeal airways (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 minimum tank capacity of 300 Liters and minimum of 500 PSI (1)				
Full spare O2 cylinder with a 300 Liters capacity (1)				
Portable O2 cylinders secured in vehicle				
Adult nasal cannula (1)				
Pediatric 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)				
Adult mask (1)				
Pediatric Bag-Valve-Mask device (450cc) (1)				
Child mask (1)				
Infant mask (1)				
Neonatal mask (1)				
Sphygmomanometer (interchangeable gauges are permitted)				
Child cuff (1)				
Adult cuff (1)				
Thigh (large) cuff (1)				
Adult stethoscope (1)				
Pediatric stethoscope (1) OR (1) double bell with adult and pediatric bell				

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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>AED - dual function adult and pediatric AED acceptable</b>				
<b>Adult defibrillator pads (1)</b>				
<b>Pediatric defibrillator pads (1)</b>				
Penlight (1)				
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 assorted, 1 must be hypoallergenic)				
Bandage shears (1)				
Commercial "Tactical" tourniquet (2)				
Lateral cervical spine device (1)				
Long spine board (1)				
Neck Immobilizers				
Small or multi-size				
Medium or multi-size				
Large or multi-size				
Pediatric				
Straps (must have one of the following)				
9' (5) <b>OR</b>				
Spider straps (1) and straps 9' (2) <b>OR</b>				
Speed clips straps (4) and straps 9' (2)				
Folding litter/collapsible device (1)				
Stair chair (1)				
Traction splint - Adult (1)				
Traction splint - Pediatric (1) OR combination traction splint (1)				
Upper extremity splints (2)				
Lower extremity splints (2)				
Pediatric Safe Transport Device				
Sterile water/Normal saline - 2 Liters				
Cold packs, chemical (4)				
Heat packs, chemical (4)				
Triangular bandages (8)				
Sterile OB kit (2)				
Separate bulb syringe, sterile (1)				
Thermal blanket/silver swaddle OR roll of sterile aluminum 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 ounce) (4)				
Emergency jump kit (1)				
Thermometer, electronic digital non-tympanic (1)				
Pulse oximetry (1)				

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Medication and Supplies	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>Aspirin, oral</b>				
<b>Instant Glucose (45 grams - 40% dextrose-d-glucose gel) or food grade substitute</b>				
Alcohol prep pads (10)				
Hand light (2)				
Road-side hazard warning device (3) (ex. flares, warning triangles, etc)				
Regional approved triage tags (20)				
Current Emergency Response Guidebook- digital acceptable, if it remains with vehicle				
<b>Personal Protection Equipment (1 per crew member)</b>				
Helmet				
Eye protection				
Gloves				
High visibility safety apparel				
<b>Personal Infection Control (1 per crew member)</b>				
Eye protection - clear & disposable				
Gown/coat				
Surgical cap/foot coverings				
Exam Gloves				
N-95 respirator mask				
Red bags, per infection control plan				
Hand disinfectant/cleaner, non-water (1 container)				
<b>BLS Optional Equipment per PA Protocols</b>				
12-lead monitor with transmit capabilities (as authorized and credentialed by agency medical director)				
Activated charcoal				
CPAP ventilation - portable equipment with (2) disposable masks (as authorized and credentialed by agency medical director)				
CO Monitor (as authorized and credentialed by agency medical director)				
Electronic Glucose Meter (as authorized and credentialed by agency medical director)				
Auto Injector, Adult (1)				
Auto Injector, Pediatric (1) <b>OR</b>				
<b>"Check and Inject Kit" - must be in specially marked kit/case (as authorized and credentialed by agency medical director and verified by the regional EMS council)</b>				
Two (2) 1 mg/mL vials				
Five (5) alcohol prep pads				
Two (2) sterile needles				
Two (2) Sterile Syringes marked only for dose of 0.15mg or 0.3mg				
<b>OR for glass ampules</b>				
Two (2) sterile filter needles or straws				
Gauze or Commerical Shielding				

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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Glucagon Nasal Powder Spray or Autoinjector (as authorized and credentialed by agency medical director)				
Hemostatic Agent (approved by the agency medical director)				
Naloxone - Intranasal or Autoinjector (as authorized and credentialed by the agency medical director)				
Nebulized Bronchodilators (as authorized and credentialed by agency medical director)				

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<b>Intermediate Advanced Life Support</b>				
	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Current Version of Statewide EMS Protocols - digital copy is acceptable, if on tablet or computer that remains in vehicle				
Pediatric equipment/dosing sizing tape, current (1)				
Emergency jump kit (1)				
CPAP ventilation - portable equipment with (2) disposable masks				
Non-surgical alternative/rescue airways - either (3) King LT (size 3,4,5) <b>OR</b> (2) Combitube (37Fr and 41Fr) <b>OR</b> (3) i-gel (size 3, 4, 5)				
Nebulizer system (1)				
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				
Macro drip (10-20 drops/ml) (2)				
Tourniquets for IV use (2)				
IV solutions (2,000 ml total) per statewide protocols				
Hypodermic Needles and Syringes (sterile & individually wrapped)				
16-18 gauge (4)				
20-22 gauge (4)				
23-25 gauge (4)				
Syringes (2 with at least one being 1 mL volume)				
Intraosseous Needles - (pediatric, adult, large adult)				
<b>Medications and Supplies</b>				
<b>Bronchodilators (Albuterol, Albuterol Ipratropium Bromide or Levalbuterol) - 1 type must be carried</b>				
<b>Dextrose (concentration between 10% - 50%)</b>				
<b>EPINEPHrine HCl 1 mg - vial or ampule</b>				
<b>Naloxone</b>				
<b>Nitroglycerine - Sublingual</b>				
<b>Defibrillator/Monitor</b>				
<b>12 Lead capable, immediate transmit capabilities &amp; paper printout</b>				
<b>Adult Defibrillator Pads (1)</b>				
<b>Pediatric Defibrillator Pads (1)</b>				
Electrodes, ECG (Adult) (12)				
Electrodes, ECG (Pediatric) (12)				
Electronic Waveform Capnography, including for intubated patient				
AED (required if unable to utilize defibrillator mode on monitor) (IALS ONLY); Dual function adult/pediatric AED is acceptable				

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Optional IALS Medications per PA Protocols				
	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<i>Acetaminophen</i>				
<i>DiphenhydrAMINE HCl</i>				
<i>EPINEPHrine HCl . 1 mg vial or ampule</i>				
<i>Glucagon</i>				
<i>Ibuprofen</i>				
<i>Ketorolac</i>				
<i>methyIPREDNISolone</i>				
<i>Nitrous Oxide</i>				
<i>Ondansetron (Zofran)</i>				



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**Advanced Life Support**

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Current Version of Statewide EMS Protocols - digital copy is acceptable, if on tablet or computer that remains in vehicle				
Endotracheal Tubes:(sterile & individually 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)				
Laryngoscope and blades				
Handle with Batteries (1)				
<b>OR</b> Disposable Handle with power source (2)				
Spare Batteries and Bulbs (excludes disposable)				
Straight # 1 (1)				
Straight # 2 (1)				
Straight # 3 (1)				
Curved # 3 (1)				
Curved # 4 (1)				
Stylette - malleable, sterile, adult (1)				
Forceps, Magill, adult (1)				
Forceps, Magill, pediatric (1)				
Microdrip (50-60 drops/ml) (2)				
3 1/4" over the needle catheter (10, 12, or 14 gauge) (2)				
Phlebotomy Equipment per protocols				
<b>Medications and Supplies</b>				
<b>Adenosine</b>				
<b>Atropine Sulfate</b>				
<b>Benzodiazepines (at least one):</b>				
<b>DiazePAM</b>				
<b>LORazepam</b>				
<b>Midazolam</b>				
<b>DiphenhydrAMINE HCl</b>				
<b>EPINEPHrine HCl- 1 mg - vial or ampule</b>				
<b>Lidocaine HCl</b>				
<b>Narcotic Analgesics (at least one):</b>				
<b>FentaNYL</b>				
<b>Morphine Sulfate</b>				
<b>Sodium Bicarbonate</b>				
<b>Optional ALS Medications per PA protocols</b>				
Amiodarone				
Anticonvulsants				
Benzocaine, topical				
Blood/Blood by-product (as authorized and credentialed by agency medical director and verified by regional EMS council)				
Blood Administration Set (2) only if agency initiates blood products				
Calcium Chloride/calcium gluconate				
Captopril or Enalapril				

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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<i>Crystalloid Hypertonic Solutions (with agency medical director approval and appropriate staffing)</i>				
<i>Crystalloid Isotonic Solutions</i>				
<i>dexAMETHasone</i>				
<i>dilTIAZem</i>				
<i>DOPAmine or DOBUTamine</i>				
<i>droPERidol</i>				
<i>Enalapril</i>				
<i>Etomidate (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Furosemide</i>				
<i>Glucagon</i>				
<i>Hydrocortisone sodium succinate</i>				
<i>Hydroxocobalamin</i>				
<i>Ketamine (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Levalbuterol</i>				
<i>Magnesium Sulfate</i>				
<i>methyIPREDNISolone</i>				
<i>Norepinephrine</i>				
<i>Oxytocin</i>				
<i>Plasma Protein Fraction</i>				
<i>Pralidoxime</i>				
<i>Procainamide</i>				
<i>Sodium Thiosulfate</i>				
<i>Terbutaline</i>				
<i>Tetracaine, topical, ophthalmic</i>				
<i>Tranexamic Acid (TXA)</i>				
<i>Verapamil</i>				

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<b>Critical Care Equipment</b>				
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On-board oxygen with a minimum capacity of 6,800 Liters				
Portable oxygen with a minimum capacity of 1,800 Liters				
Stethoscope doppler (1)				
Non-invasive blood pressure monitoring device, automated (1)				
Portable doppler (1)				
Bougie endotracheal tube introducer (1)				
Endotracheal cuff pressure manometer (1)				
Video capable laryngoscope with appropriate blades (1)				
Portable transport ventilator (1). Capabilities must include but not limited to controlling rate, volume, FiO2 (up to 100%), ie. ratio, PEEP, and has volume control, pressure control, SIMV and NPPV modes. Device must have both volume and pressure modes and low/high pressure warning alarms.				
Portable transport ventilator circuits, size appropriate (2)				
Intravenous infusion pumps (3), <b>OR</b> (1) multi-channel unit capable of managing (3) simultaneous infusions				
Invasive pressure monitoring, electronic waveform, two channel capability (1)				
Electronic waveform capnography, non-intubated patient (1)				
Pelvic stabilization device (1)				
	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>Optional CCT Medications per PA protocols</b>				
Anticoagulants/Platelet Inhibitors				
Anti-emetics				
Anti-hypertensives				
Crystalloid hypertonic solutions				
Flumazenil				
Phenylephrine				

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Administration	YES	NO	N/A	NOTES
Were deficiencies found for this vehicle?				
Is a reinspection required?				
Digital Images Captured?				
Vehicle Placed Out of Service? (Yes, complete bottom of form)				
Printed Name of Inspector:				
Inspector Signature:			Date:	
Printed Name of Agency Representative:				
Agency Representative Signature:			Date:	
Vehicle Placed Out of Service				
Date:				
Bureau Staff who authorized removal from service:				
Out of Service Decal secured on vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person securing Out of Service Decal:				
Vehicle Authorized to Return to Service				
Date:				
Bureau Staff who authorized return to service:				
Out of Service Decal removed from vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person removing Out of Service Decal:				