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: PRESENT AND VEHICLE/EQUIPMENT **OPERATING** DEFICIENT **CORRECTED** Identified as Meeting the Fed KKK 1822 Specs **Exterior Markings** Audible Warning Signal

	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)			

	PRESENT		
	AND		
	OPERATING	DEFICIENT	CORRECTED
Sphygmomanometer (interchangeable gauges are permitted)			
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)			
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 99 lbs.)			
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)			

	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			
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)			
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)			
18 gauge (4)			
20 gauge (4)			
22 gauge (4)			
24 gauge (2)			
IV Administration Supplies:			
Macrodrip (10-20 drops/ml) (2)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Aspirin (81 mg)			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Epinephrine (1:1,000)			
Glucagon			
Naloxone			
Nitroglycerine-Sublingual			
IV Solutions (2000 ml total)			
Hypodermic Needles:(must be sterile & indiv. wrapped)			
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Syringes (2 with at least one being 1 mL volume)			
Defibrillator/Monitor			
12 Lead			
Transmit Capabilities			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)			
Electrodes, ECG (Adult) (12)			
Electrodes, ECG (Pediatric) (12)			
Electronic Waveform Capnography (1)			
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	PRESENT		
	AND		
	OPERATING	DEFICIENT	CORRECTED
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)			
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	1		
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.	
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	Inspected By: _		
	, ,,,	(Printed Name)	
		,	
	Signature:		
	Date Forwared	to BEMS:	