| PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES <br> BLS Squad Inspection Checklist |  |  |  |
| :---: | :---: | :---: | :---: |
| I. GENERAL INFORMATION: | Date Stickers: -Blank- <br> Decals: -Blank- |  |  |
| Name of EMS Agency: <br> Dominate Lettering (as displayed on EMS unit) |  |  |  |
| License Plate \# : <br> Vehicle Identification \# (VIN): | Year: | Make: | Model: |
| Date Inspected: Regional EMS Council: | Affiliate \#: <br> Mileage: |  |  |
|  | YES | NO | N/A |
| VEHICLE/EQUIPMENT | $\begin{aligned} & \text { PRESENT } \\ & \text { AND } \\ & \text { OPERATING } \end{aligned}$ | DEFICIENT | CORRECTED |
| Identified as meeting the Fed KKK 1822 Specs. |  |  |  |
| 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 - In Cab of Vehicle (1) |  |  |  |
| Fasten Seat Belts Signs - in Cab of Vehicle (1) |  |  |  |
| Radio Equipment (meets regional comm. requirements) |  |  |  |
| MEDICAL SUPPLIES/EQUIPMENT | $\begin{aligned} & \hline \text { PRESENT } \\ & \text { AND } \\ & \text { OPERATING } \end{aligned}$ | DEFICIENT | CORRECTED |
| 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) |  |  |  |


| 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) |  |  |  |
| Sphygmomanometer (interchangable 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) |  |  |  |
| 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) |  |  |  |


| MEDICAL SUPPLIES/EQUIPMENT | $\begin{aligned} & \text { PRESENT } \\ & \text { AND } \\ & \text { OPERATING } \end{aligned}$ | DEFICIENT | CORRECTED |
| :---: | :---: | :---: | :---: |
| Blankets (2) |  |  |  |
| Emergency BLS Jump Kit (1) |  |  |  |
| Thermometer (1) elec, dig, non-tympanic (1) |  |  |  |
| Instant Glucose (45 grams-40\% dextrose-d-glucose gel) or (food grade substitute) |  |  |  |
| Pulse Oximetry (1) |  |  |  |
| Chewable Aspirin 81 mg (1 small bottle) |  |  |  |
| AED |  |  |  |
| Set of Adult Defibrillator Pads (1) |  |  |  |
| Set of Pediatric Defibrillator Pads (1) |  |  |  |
| PERSONAL PROTECTIVE EQUIPMENT |  |  |  |
| 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. |  |  |  |
| PERSONAL INFECTION CONTROL KIT |  |  |  |
| Eye Protection - Goggles - 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 |  |  |  |
| Optional Equipment |  |  |  |
| CPAP Ventilation - portable equipment with (2) disposable masks |  |  |  |
| 12-lead monitor with transmit capabilities (as authorized and credentialed by agency medical director) |  |  |  |
| Albuterol / Duo Ned (nebulized) (as authorized and credentialed by agency medical director) |  |  |  |
| Tylenol |  |  |  |
| Ibuprofen |  |  |  |
| Naloxone |  |  |  |
| Electronic Glucose Meter (1) |  |  |  |
| Epinephrine Auto Injector, Adult \& Pediatric (2) of Each |  |  |  |
|  | YES | NO | N/A |
| Was a deficiency notification issued for this vehicle? |  |  |  |
| Is a copy of the deficiency notification attached to this form? * |  |  |  |
| Is a reinspection required? |  |  |  |
| 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: <br> Signature: | (Printed | Name) |

