

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

Vehicle #

ALS Ambulance Inspection Checklist

GENERAL INFORMATION:

Date Stickers: Yes No
 Decals: Yes No

Name of EMS Agency: _____

Address: _____
 (Primary Headquarters) City State Zip

License Plate # : _____ Year: _____ Make: _____ Model: _____

Vehicle Identification # (VIN): _____

Date Inspected: _____ Affiliate # : _____

Regional EMS Council: - Blank - Mileage: _____

	YES	NO	N/A
Was a deficiency notification issued for this vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of the deficiency notification attached to this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a reinspection required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
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Identified as Meeting the Fed KKK 1822 Specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Warning Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:			
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Battery System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher (1) (5# unit ABC dry chem or CO2)(Current Insp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Requirements:			
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Safety Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Area Partition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulky Items Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Litter Compliant With Manufacture Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors (side and rear gasket, latches and hinges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking /Oxygen Equipped Sign (2) (1 in front, 1 in rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasten Seat Belts Sign (2) (1 in front, 1 in rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Equipment (meets regional comm. requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Oxygen with min. 500L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMD Standard 003 for crashworthiness (min 3 straps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with mounted O2 flow meter 0-25 lpm (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Suction (300mm/Hg in 4 sec.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Heating/Cooling/Ventilation Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL SUPPLIES/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Current Version of Statewide EMS Protocols			
Portable Suction Unit (1)(300mm/Hg in 4 sec.)			
Suction Catheters: (Sterile)			
Rigid (2)			
French (6 total) (1 each 6 & 8, 2-10 or 12, 2-14 or 16)			
Airways:			
Oropharyngeal (6 different sizes - to include one 0-1,one 2-3, & one 4-5)			
Nasopharyngeal (5 different sizes to include one 16-24 Fr. & one 26-34 Fr.)			
Portable O2 cylinder with flow meter 0-25 lpm (1)			
With 300L & non-sparking wrench/tank opening device			
Secured in vehicle at all times			
Spare O2 cylinder (1) - secured in vehicle at all times			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult & Pediatric- 1 each)			
High Concentration Masks (Adult, Infant, Pedi - 1 each)			
Pocket Mask with One-Way Valve & O2 port (1)			
Humidifier bottle (1)			
Bag Valve Mask Devices-(1)Adult & (1)Pedi (450-700cc)			
Masks to include Adult, neonatal, infant & child			
Sphygmomanometer			
(Child, Adult & Thigh(Lg)-1 each or interchangeable cuffs)			
Stethoscope (Adult & Pediatric - 1 each)			
Penlight (1)			
Dressings:			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (3" x 3") (25)			
Soft Self Adhering (6 rolls)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Commercial "Tactical" Tourniquet (1)			
Immobilization Devices:			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers (S, M, L, & Pedi.-1 each or Multi -size (3 & 1 Pedi)			
Straps 9' (5)(May sub spider straps or speed clips for 3)			
Folding Litter/Collapsible Device (1)			
Splinting Devices:			
Traction Splint (Adult & Child - 1 each or Comb)			
Upper & Lower Extremity Splints (2 each)			
Pediatric Length - Based Drug Dosing Tape (current)- ALS			
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)			
Sterile Burn Sheets (4' x 4') (2)			

MEDICAL SUPPLIES/EQUIPMENT (CONT)	PRESENT AND OPERATING	DEFICIENT	CORRECTED
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 oz.) (4)			
Emergency BLS/ALS Jump Kit (1)			
Thermometer (1) elec, dig, non-tympanic			
Instant Glucose (45 grams-40% dextrose-d-glucose gel)			
Lubrication (2cc or Larger tube) sterile water soluble (2)			
CPAP Ventilation - portable equipment			
Pulse Oximetry			
ALS EQUIPMENT/SUPPLIES	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Endotracheal Tubes:(must be sterile & indiv. 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)			
8.5 mm or 9.0 mm (2)			
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Blades:			
Straight # 1,# 2,# 3- (1 each)			
Curved # 3, # 4- (1 each)			
Stylette - Malleable (2 Pedi, 1 Adult) must be sterile			
Forceps, Magill (Adult/Pediatric- 1 each)			
Non-surgical Alternative/Rescue Airways - Either (3) Kings (size 3,4,5) or (2) Combitubes (small & adult- 1 each)			
Cricothyrotomy Set Sterile (Surgical or Needle)			
Meconium Aspirator (1)			
Nebulizer System (1)			
Phlebotomy Equipment (per regional protocol)			
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:			
Microdrip (50-60 drops/ml) (2)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
ALS EQUIPMENT/SUPPLIES (CONT)			
Macro drip (10-20 drops/ml) (2)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Adenosine			
Aspirin (81 mg)			
Atropine Sulfate			
Benzodiazepines (at least one):			
Diazepam			
Lorazepam			
Midazolam			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Diphenhydramine HCl			
Epinephrine (1:1,000)			
Epinephrine (1:10,000)			
Lidocaine HCl			
Naloxone			
Narcotic Analgesics (at least one):			
Fentanyl			
Morphine Sulfate			
Nitroglycerine, sublingual			
IV Solutions (2,000 ml total)			
Sodium Bicarbonate			
Emergency Drugs - Current Dates - Yes / No			
Hypodermic Needles:(must be sterile & indiv. wrapped)			
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Intraosseous (14-18 gauge) (2)			
Syringes (2 with at least one being 1 mL volume)			
Defibrillator/Monitor			
12 Lead Cables & Pacing & Transmitting Capabilities (Adult & Pedi)			
(1) Adult and (1) Pediatric Defibrillator Pads			
Spare Paper (1)			
Electrodes, ECG (Adult/Pedi.) (12 each)			
Electronic Waveform Capnography			
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 PROTECTION EQUIPMENT	PRESENT	DEFICIENT	CORRECTED
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Mask*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gown/Coat*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Cap/Foot Coverings*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Gloves*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Waste Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Bags for Waste Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps container-secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N-95 Respirator Mask*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Disinfectant - Non-water (1 container)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Disposable -one set/pair per responding crewmember	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Deficiency Form Completed

Yes N/A

Digital Images Captured

Yes N/A

Vehicle Placed Out of Service (Per I.B. 2013-001)

Yes N/A

Inspected By:

(Printed Name)

Signature:

Date Forwarded to BEMS: