PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES

Vehicle #

Critical Care Transport Inspection Checklist				
I. GENERAL INFORMATION:	Date Stickers:	Yes	No	
	Decals:	Yes	No	
Name of Ambulance Agency: Address:				
Address: (Primary Headquarters) City License Plate #: Vehicle Identification # (VIN): Date Inspected:	State Z	Z ip		
License Plate # :	Year:	Make:	Model:	
Vehicle Identification # (VIN):		<u> </u>		
Date Inspected:	Affiliate	#:		
Regional EMS Council: EMMCO West		Mileage:		
Type of Service: Critical Care Transport				
II. DOCUMENTS/POLICIES/ETC.	PRESENT	DEFICIENT	CORRECTED	
Personnel Roster				
Staffing Plan				
Policy Statements - posted				
Documentation Requirements				
Patient Records Secured				
Medical Director's Agreement				
License Displayed				
Infection Control Plan	DDEOFNIT			
	PRESENT			
III. VEHICLE/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED	
Meets Fed KKK 1822 Specs and AMD Standards				
Exterior Markings				
Audible Warning Signal				
Emergency Lights:				
Exterior				
Interior				
Dual Battery System				
Fire Extinguisher (2) (5# units ABC dry chem. or CO2) Power Supply				
Inverter or generator capable of supporting all required				
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Current Vehicle Inspection				
Current Vehicle Insurance				
Interior Requirements:				
Floor				
Dimensions				
Patient Area Partition				
Storage Cabinets				
Bulky Items Secured				
IV Hangers				
Patient Litter with min. of 3 securely mounted pt. straps				
Doors (side and rear gasket, latches and hinges)				
No Smoking /Oxygen Equipped Sign (2)				
(one in front, one in rear)				

	PRESENT		
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III. VEHICLE/EQUIPMENT (Cont)	OPERATING	DEFICIENT	CORRECTED
Fasten Seat Belts Sign (2) (one in front, one in rear)			
Radio Equipment (meets regional comm. requirements)			
Installed Oxygen			
AMD Standard 003 for crashworthiness			
with mounted O2 flow meter 0-25 lpm (1)			
On Board Oxygen Capacity of 7,000 liters minimum			
Installed Suction (300mm/Hg in 4 sec.)			
Operational Heating/Cooling/Ventilation Equipment			
	PRESENT		
IV MEDICAL CURRILEC/ECURRAENT	AND	DEFINIT	
IV. MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Current Version 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)			
non-sparking wrench/tank opening device			
Secured in vehicle at all times			
Spare O2 cylinder (1) - secured in vehicle at all times			
Portable Oxygen Capacity of 1,800 liters minimum			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult & Pediatric- 1 each)			
High Concentration Masks (Adult, Infant			
and Pediatric- 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)			
Non-Invasive Blood Pressure Monitoring Device, automated (1)		
Portable Doppler w/Venous and OB Probe (1)	. ,		
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:			
IIIIIIODIIIZAUOII DEVICES.			

Lateral Comical Crise Device (4)			1
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers			
(S, M, L, & Pedi1 each or Multi -size (3 & 1 Pedi)			
	PRESENT		
	AND		
IV. MEDICAL SUPPLIES/EQUIPMENT (Cont)	OPERATING	DEFICIENT	CORRECTED
Straps 9' (5)(May sub spider straps or speed clips for 3)			
Folding Litter/Collapsible Device (1)			
Pelvic Stabilization Device (1)			
Splinting Devices:			
Traction Splint (Adult & Child - 1 each or Comb)			
Upper & Lower Extremity Splints (2 each)			
Pediatric Equipment Sizing Tape/Chart (current)- BLS			
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)			
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 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)			
Epinephrine Auto-injector, Adult & Pedi (2 each)(opt. BLS)			
CPAP Ventilation - portable equipment (opt. BLS/ALS Req.)			
Pulse Oximetry (opt. BLS/ALS Required)			
AED (with 1 set of pads - Pedi pad not required)			
	PRESENT		
	AND		
V. ALS EQUIPMENT/SUPPLIES	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)			
7.5 mm or 5.5 mm (2)			

8.5 mm or 9.0 mm (2)			
Endotracheal Cuff Pressure Manometer			
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Spare batteries and builds	PRESENT		
	AND		
V ALC EQUIDMENT/CLIDDLIEC (Comt)	OPERATING	DEFICIENT	CORRECTED
V. ALS EQUIPMENT/SUPPLIES (Cont) Blades:	OPERATING	DEFICIENT	CORRECTED
Straight # 1,# 2,# 3- (1 each)			
Curved # 3, # 4- (1 each)			
Laryngoscope - Video Capable w/Appropriate size blades(1)			
Bougie Gum elastic endotracheal introducer(1)			
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)			
Over the Needle Cather - 3 1/4", 10,12, or 14 gauge			
for thoracis decompression (2)			
Portable Transport Ventilator (1)			
Capabilities must include but not limited to controlling rate,			
volume, FiO2 (up to 100%),I:E 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 Curcuits (2)			
(Appropriate sized for Pt. being transported)			
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)			
Macrodrip (10-20 drops/ml) (2)			
IV Solutions (2250 ml total)			
Tourniquets for IV Use (2)			
Blood Administration Set (2) only if agency provides/			
maintains blood products during transport			
Intravenous Infusion Pumps (3) or (1) multi-channel unit			
capable of managing (3) simultaneous infusions			
Medications and Supplies:			
Emergency Drugs - Current Dates - Yes / No			
Approved Medications per Statewide CCT Protocols -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			
With 3 Lead Cables & Pacing capabilities (Adult & Pedi)			
Spare Paper (1)			
Paddle Pads (4) or gel (2 tubes)			
Electrodes, ECG (Adult/Pedi.) (6 each)			
12 Lead EKG w/Wireless Transmission Capability (1)			
Invasive Pressure Monitoring, Electronic Wave-Form,			
Two Channel Capability			
Electronic Waveform Capnography, Non-intubated Pt.,			
Capable of Wave-Form Display			
	PRESENT		
	AND		
VI. PERSONAL PROTECTIVE EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Hand light (6 volts or more) (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.			
VII. PERSONAL INFECTION PROTECTION EQ.	PRESENT	DEFICIENT	CORRECTED
Clear Eye Protection*			
Face Mask*			
Gown/Coat*			
Surgical Cap/Foot Coverings* Double Barrier Gloves*			
Biological Waste Container** Red Bags for Waste container**			
<u> </u>			
Sharps container**			
Fit tested disposable N-95 Respirator*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
**Per Infection Control Plan			
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	Inspected By:	(Printed	Noma
	0:	(Pfinted	Name)
	Signature:		
	Date forwarded	d to BEMS:	
	Date forwarded	G TO DEIVIS.	
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