PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

Vehicle #

BLS Squad Inspection Checklist

I. 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?			
Is a copy of the deficiency notification attached to this form?			
Is a reinspection required?			

VEHICLE/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
If vehicle - meets PA Vehicle Code 75 PA C.S.			
Exterior Markings			
Audible Warning Signal			
Emergency Lights:			
Exterior			
Fire Extinguisher (1) (5# unit ABC dry chem or CO2)(Current Insp.)			
Power Supply			
Current Vehicle Inspection			
Current Vehicle Insurance			
Current Vehicle Registration			
Interior Requirements:			
Storage Cabinets for equipment or otherwise secured			
Bulky Items Secured			
No Smoking /Oxygen Equipped Sign (1) in front			
Fasten Seat Belts Signs (1) in front			
Radio Equipment (meets regional comm. requirements)			

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			
MEDICAL SUPPLIES/EQUIPMENT (CONT)	**PRESENT AND OPERATING**	**DEFICIENT**	**CORRECTED**
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)			
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)			
Pediatric Equipment Sizing Tape/Chart (current)- BLS			
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			
Sterile Burn Sheets (4' x 4') (2)			
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			
Blankets (2)			
Emergency BLS Jump Kit			
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)			
Electronic Glucose Meter (1) (opt. BLS)			
Naloxone (opt. BLS)			
Pulse Oximetry			
Aspirin 81 mg			
AED (with 2 sets of pads) at least (1) set of pads need to be adult			

PERSONAL PROTECTIVE EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
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 PROTECTION EQUIPMENT	**PRESENT**	**DEFICIENT**	**CORRECTED**
Eye Protection - clear & disposable*			
Face Mask*			
Gown/Coat*			
Surgical Cap/Foot Coverings*			
Exam Gloves*			
Red Bags			
Sharps container - secured			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			

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 Forwarde to BEMS: