## BLS Ambulance Inspection Checklist

| I. GENERAL INFORMATION: | Date Stickers: Decals: | Yes $\square$ <br> Yes | $\begin{aligned} & \mathrm{No} \\ & \mathrm{No} \\ & \square \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| 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? |  |  |  |
|  | $\begin{aligned} & \text { PRESENT } \\ & \text { AND } \end{aligned}$ |  |  |
| VEHICLE/EQUIPMENT | OPERATING | DEFICIENT | CORRECTED |
| Identified as Meeting the Fed KKK 1822 Specs |  |  |  |
| Exterior Markings |  |  |  |
| Audible Warning Signal |  |  |  |
| Lights: |  |  |  |
| Exterior |  |  |  |
| Interior |  |  |  |
| Dual Battery System |  |  |  |
| Fire Extinguisher (2)(5\# unit ABC dry chem or CO2)(Current |  |  |  |
| Power Supply |  |  |  |
| Current Vehicle Inspection |  |  |  |
| Current Vehicle Insurance |  |  |  |
| Current Vehicle Registration |  |  |  |
| Interior Requirements: |  |  |  |
| Floor |  |  |  |
| General Safety Concerns |  |  |  |
| Patient Area Partition |  |  |  |
| Storage Cabinets |  |  |  |
| Bulky Items Secured |  |  |  |
| Patient Litter Compliant With Manufacture Requirements |  |  |  |
| Doors (side and rear gasket, latches and hinges) |  |  |  |
| No Smoking /Oxygen Equipped Sign (2) (1 in front, 1 in rear) |  |  |  |
| Fasten Seat Belts Sign (2) (1 in front, 1 in rear) |  |  |  |
| Radio Equipment (meets regional comm. requirements) |  |  |  |
| Installed Oxygen with min. 500L |  |  |  |
| AMD Standard 003 for crashworthiness (min of 3 straps) |  |  |  |
| with mounted O2 flow meter 0-25 lpm (1) |  |  |  |
| Installed Suction ( $300 \mathrm{~mm} / \mathrm{Hg}$ in 4 sec .) |  |  |  |
| Operational Heating/Cooling/Ventilation Equipment |  |  |  |
| MEDICAL SUPPLIES/EQUIPMENT | $\begin{aligned} & \hline \hline \text { PRESENT } \\ & \text { AND } \\ & \text { OPERATING } \end{aligned}$ | DEFICIENT | CORRECTED |
| Current Version of Statewide EMS Protocols |  |  |  |
| Portable Suction Unit (1)(300mm/ Hg in 4 sec .) |  |  |  |
| 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) |  |  |  |
| :---: | :---: | :---: | :---: |
| MEDICAL SUPPLIES/EQUIPMENT (CONT) | $\qquad$ | DEFICIENT | CORRECTED |
| 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 ( $3^{\prime \prime} \times 4$ ) ( 4 ) |  |  |  |
| Sterile Gauze Pads ( $\mathbf{3 \prime}^{\prime \prime} \times$ " $)$ (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 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 |  |  |  |
| 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) |  |  |  |


| MEDICAL SUPPLIES/EQUIPMENT (CONT) | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
| :---: | :---: | :---: | :---: |
| 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 set 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 per 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 |  |  |  |
| Face Mask* |  |  |  |
| Gown/Coat* |  |  |  |
| Surgical Cap/Foot Coverings* |  |  |  |
| Exam Gloves* |  |  |  |
| Biological Waste Container |  |  |  |
| Red Bags for Waste Container |  |  |  |
| Sharps container - secured |  |  |  |
| Face Mask (N-95 one per crew member)* |  |  |  |
| Hand Disinfectant/cleaner - Non-water (1 container) |  |  |  |
| * Disposable -one set/pair per responding crewmember |  |  |  |
| Electronic Deficiency Form Completed <br> Digital Images Captured <br> Vehicle Placed Out of Service (Per I.B. 2013-001) |  <br> Inspected By: <br> Signature: <br> Date Forwarde |  <br> (Printed <br> to BEMS: | Name) |

