PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES			Vehicle #	
BLS Ambulance Inspection Checklist				
I. GENERAL INFORMATION:	Date Stickers: Decals:	Yes Yes	No No	
Name of EMS Agency: Address:				
License Plate # :	State Zip Year:	Make:	Model:	
Vehicle Identification # (VIN): Date Inspected:	Affiliate	Affiliate # :		
Regional EMS Council:	YES	Mileage: 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?	PRESENT			
	AND			
VEHICLE/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED	
Identified as Meeting the Fed KKK 1822 Specs				
Exterior Markings				
Audible Warning Signal	1			
Lights:				
Exterior				
Interior				
Dual Battery System				
Fire Extinguisher (2)(5# unit ABC dry chem or CO2)(Current				
Insp.)				
Power Supply				
Current Vehicle Inspection				
Current Vehicle Insurance				
Current Vehicle Registration			-	
Interior Requirements:				
Floor				
General Safety Concerns				
Patient Area Partition	4			
Storage Cabinets	4			
Bulky Items Secured	4			
Patient Litter Compliant With Manufacture Requirements	4			
Doors (side and rear gasket, latches and hinges)	4			
No Smoking /Oxygen Equipped Sign (2) (1 in front, 1 in rear)	4			
Fasten Seat Belts Sign (2) (1 in front, 1 in rear)	4			
Radio Equipment (meets regional comm. requirements)	4			
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 (300mm/Hg in 4 sec.)	-			
Operational Heating/Cooling/Ventilation Equipment	-			
	PRESENT			
	AND			
MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED	
Current Version of Statewide EMS Protocols				
Portable Suction Unit (1)(300mm/Hg in 4 sec.)	1			
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)			
	PRESENT		
	AND		
MEDICAL SUPPLIES/EQUIPMENT (CONT)	OPERATING	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" 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, & Pedi1 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)			

	PRESENT			
	AND			
MEDICAL SUPPLIES/EQUIPMENT (CONT)	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				
	PRESENT			
	AND			
PERSONAL PROTECTIVE EQUIPMENT	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	Yes	N/A		
Digital Images Captured	Yes	N/A		
Vehicle Placed Out of Service (Per I.B. 2013-001)	Yes	N/A		
	Inspected By:			
	-	(Printec	l Name)	
	Signature:			
	Date Forwarder to BEMS:			