

Medical Control Board - Office of the Medical Director Advanced Life Support Vehicle Inspection Form

Qty	ALS Equipment (Ambulance)	✓	Cat.	Qty	ALS Equipment (Ambulance)	✓	Cat.	Qty	ALS Equipment (Ambulance)	✓	Cat.	Qty	ALS Equipment (Ambulance)	✓	Cat.	Qty	Statpack Equipment (Ambulance)	✓	Cat.
1	LP15 w/ accessories		1	1 to 2	Chest Needle 15 ga 6 cm length	1	1	1	Port. Suct. Unit		1		Misc.				Medications		
1	IMPACT AEV 731+ventilator		1	3 to 2	Surgical Cric Kit	1	1	1	ALS Drug Charts				Map Books			4 to 2	Albuterol		1
					Halo Chest Seal	1	1		Broselow Ped. Res. Tape 2011 A		2	1	a. Grt. Tulsa		1	3 to 1	Adenosine		1
					Endotracheal Tubes				Oxygen Equip. (Portable)				b. Grt. OKC		1	1 bottle	Aspirin		1
1	Activated Charcoal		2	2	a. 8.0 mm VAP	1	1	1	"D" Tank w/regulator Portable		1	2	No Smoke Signs F/R		3	1	Atropine		1
3	Adenosine		1	2	b. 7.5 mm VAP	1	1	1	Regulator up to 25 l/m		1	2	Sharps Cont.		1	1	Atrovent		1
10 to 8	Albuterol		1	2	c. 7.0 mm VAP	1	1	1	"T" Nebulizer & Corrugated Tubing		1	1	Wash Basin		2	3 to 2	Amiodarone		1
1 bottle	Aspirin		1	1	d. 6.0 mm VAP	1	1/1/1	1	NIPPV equipment			10 to 4	KY Jelly		1	2 to 1/1	D5W/orD10W		1
4	Atropine		1	1	e. 5.5 mm (uncuffed)	1	1	1	Exam gloves (XL, L, M, S)			1	1	1	1	1	Diphenhydramine		2
10 to 6	Atrovent		1	1	f. 5.0 mm (uncuffed)	1	1	1	Splints			2	2	2	2	2	Epinephrine (1:1000)		1
2	Calcium Chloride		1	1	g. 4.5 mm (uncuffed)	1	1	1	Adult Traction		2	1	1	1	5	5	Epinephrine (1:10000)		1
1 to 2	Amiodarone		1	1	h. 4.0 mm (uncuffed)	1	1	1	Pediatric		2	2	2	1	1	1	Calcium Chloride		1
5/2	D50W/or D10W		1	1	i. 3.5 mm (uncuffed)	1	1 Set	1	Splints		2		2		1	1	Glucagon		2
2	Diazepam		1	1	j. 3.0 mm (uncuffed)	1	1 to 0	1	Road Cots		2	1	1	1	1	1	Lidocaine		1
2	Diphenhydramine		1	1	k. 2.5 mm (uncuffed)	1	1	2	Long Spineboards		1	2	2	1	2	1	Magnesium Sulfate		1
1	Dopamine infusion		1	1	Flex-guide ETT Introducer	1	1	1	Stair Chair		2	6	2	1	2	2	Naloxone		1
6	DuoDote Autoinjector (crew)		1	1	King Airway No. 4	1	4 to 2	1	Headmounts		1	6	6	1	1/2 to 1	1	NTG spray or tablets/paste		1
10 to 4	Epinephrine (1:1000)		1	1	Tube Holder	1	6 to 4	1	Adjust. Cerv. Collar- Adult		1	6	6	3	1	1	Sodium Bicarbonate		2
10 to 8	Epinephrine (1:10000)		1	1	Adult stylette	1	6 to 4	1	Adjust. Cerv. Collar- Pediatric		1	2	2	1	1	1	Solu-Medrol		1
2	Etomidate		1	1	Pediatric stylette	1	2 to 1	1	KED		1	1	1	2	5	5	Zofran ODT		3
5 to 4	Fentanyl		1	1	Infant stylette	1	1	1	Orthopedic Scoop		1	20	20	2	2	2	Zofran Injectable		3
2	Glucagon		1	1	OPA (0 - 6) 1 each	1	6 to 0	1	Extraction Straps (1 bag)		2	1 roll	1	2	2	2	IV Fluid		1
2	Haldol		1	1	NPA (26, 30,34) 1 each	1	1	1	Portable Equipment StatPack				2 to 1	2	1	2	b. NaCL (1000 ml)		1
2 tubes	InstaGlucose		1	1			2	2	SAM splint								Endotracheal Equip.		1
1	Lidocaine		1	10 to 4	"T" Nebulizer	1	1	1	Specialized Kits				1	1	1	2 to 1	IV Therapy		1
1 bottle	Lidocaine Viscous		1	10 to 4	Corrugated Tubing	1	2	1	OB Kit		1	1	1	1	2	2	Saline Locks		1
5 to 2	Magnesium Sulfate		1	3	Ventilator Adapters	2	1	1	BMS Kit		1	1	1	1	3	3	IV Start Packs		1
4	Midazolam		1	1	O2 supply equipment			2	Burn Dressing Equipment		1	1	1	1	2	2	14 ga. 1 1/4		1
2	Morphine Sulfate		1	1	BVM (adult)	1	2	1	Water Jel Dressings		2	1	1	2	2	2	16 ga. 1 1/4		1
2	Naloxone		1	1	BVM (pediatric)	1	1	1	Bandaging Equipment				1	1	3	3	18 ga. 1 1/4		1
1	Neosynephrine Spray		1	1	BVM (infant)	1	4 to 1	1	Adult Armboard		1	1	1	3	3	3	20 ga. 1 1/4		1
1/1/1	NTG spray or tablets/paste		1	8	Adult O2 Mask, NRB	1	4 to 1	1	Pediatric Armboard		1	1	1	2	2	2	22 ga. 1		1
3 to 2	Sodium Bicarbonate		1	2	Pediatric O2 Mask, NRB	1	10 to 5	2	Kerlix		2	1	2	2	2	2	24 ga. 3/4		1
2	Solu-Medrol		1	2	Infant O2 Mask	1	10 to 2	2	Coban 4"		2	1	1	1	1	1	Syringes/Needles		1
2 to 3	Zofran (injectable)		3	5	Nasal cannula	1	6	1	Band-Aids		1	1	1	1	1	1	30 mL syringes (adult)		1
5	Zofran (ODT)		3	2	Oxygen Supply Tubing	1	10 to 4	2	Triangular Band.		2	1	1	1	5 to 3	3	10 mL syringes		1
	IV FLUIDS			2 to 0	Humidifier (PF)	2	4 to 0	3	Metal eye shields		3				5 to 2	3	3 mL syr. w/21 ga. 1 1/4 needle		1
5 to 2	a. D5W (250 ml)		1	1	O2 wall mount fl. meter	1	4	2	Oval eye pads		2	2	2	1	5 to 2	2	25 ga 1 1/2 in needle for IM use		1
10	b. NaCL (1000 ml)		1	1	On-board suction unit	1	20 to 10	2	4 X 4 (sterile)		2	2	2	1	5 to 2	2	21 ga 1 1/2 hypo. need		1
	IV Therapy Equip.			2	O2 "D" cylinders spare		2	2	1" tape		2	2	2	1		1			
5 to 2	Mini Drip Admin. Set 60 gtt/ml		1	1			2	1	3" tape		1	1	1	1	1	1	BVM (adult)		1
10 to 5	Macro Drip Admin. Set 10 gtt/ml		1	3	a. Yankauer TTS (rigid)	1	2	1	Trauma dress.		2	1	1	1	1	1	BVM (pediatric)		1
10	Saline Locks		1	2	b. Suct. catheter, 8 fr.	1	2	1	8 X 10 Abd. pads		1	1	1	1	1	1	BVM (infant)		1
1 to 0	Buretrol Admin. Set		1	2	c. Suct. catheter, 10 fr.	1	8 to 2	1	Ace band.		1	1	1	1	1	1	Glucometer strip (analyzer)		1
10	IV Start Packs		1	2	d. Suct.catheter, 14 fr.	1	10 to 5	1	Cold packs		1	1	1	1	1	1	Glucometer strips (box)		1
10	Saline Flush		1	5 to 3	e. Suct.tubing	1	4	2	Hot packs		2	1	1	1	10 to 5	10	Lancets		1
	IV Cannula			5 to 3	f. Suct.canister	3	1 to 6	1	CAT Tourniquets		1	1	1	1	1	1	Nose Clamp		2
6	14 ga. 1 1/4		1	1			2	1	QuikClot gauze		1	1	1	1	2 to 0	2	Pediatric Armboard		2
6	16 ga. 1 1/4		1	1	NG Tubes		1	1	Stack of nonsterile 4X4 (min 50 ct)				1	1	6 to 4	6	Kerlix		1
6	18 ga. 1 1/4		1	1 ea.	Premature infants 2.5-5 fr.	1	1	1	Induced Hypothermia Equipment				1	1	6	6	Band-Aids		3
6	20 ga. 1 1/4		1	1 ea.	Infant to child 8-10 fr.	1	1	1	Constant Temperature Box or		1	1	1	1	2	2	Halo Chest Seal		1
6 to 2	22 ga. 1		1	1 ea.	Adolescent to adult 12-16 fr.	1	1	1	Ped. Stylette		1	1	1	6 to 2	6	6	Triangular Band.		2
6 to 2	24 ga. 3/4		1	1	ResQPUMP	1	1	1	Refrigerator/Freezer		1	1	1	2	2	2	Oval eye pads		2
	IO Equipment			1	Metronome for CPR	1	1	1	4" Foam tape			1 set	1	1	10 to 5	10	4 X 4 (sterile)		1
1	EZ IO Needle (PD 15 mm, 15 ga.)		1	1	SMART Triage Kit	1	2	1	Nose clamps			1 set	1	1	1	1	3" tape		1
1	EZIO Needle (AD 25 mm, 15 ga.)		1	2	Tranexamic Acid (TXA) Kit	1						2	2	1	1	1	1" tape		2
1	EZIO Needle (LD 45 mm, 15 ga.)		1	1	Norepinephrine (Levophed)	1	1	1	Calcium Gluconate gel		3	1	1	1	1	1	Trauma dressing		1
2	Pressure infuser		1	1													NG Tubes		2
2	Syringes/Needles				Vehicle Requirements		Cat.	Vehicle Requirements		✓		1 ea.	1 ea.	1	2 to 1	2	8 X 10 abdominal pads		2
5	30 mL syringes		1	1	Emergency Lighting	1	1	1	Premature infants 3.5-5 fr.		1	1	1	1	6 to 1	6	Ace bandages		2
5 to 2	10 mL syringes		1	1	Exhaust system	2	1	1	Infant to child 8-10 fr.		1	1	1	1	1	1	Coban 4"		2
5 to 2	3 mL syr. w/25 ga. 1 1/2 need.		1	1	Exterior Lighting	1	1	1	Adolescent to adult 12-16 fr.		1	1	1	1	1	1	Sharps Container		1
5 to 2	1 mL syr. w/25 ga. 1 1/2 need.		1	1	Horn	2	1	1	Rescue/Extrication Equipment				2	2	2	2	KY jelly		1
1	60 mL syr.		1	1	Windshield Wipers	2	1	1	Toolbox		1	1	1	1	1	1	QuikClot gauze		2
10 to 5	20 ga 1 1/2 hypo. need		1	1	Tires	1	1	1	Phillips Head Screw Driver 10"		2	2	2	2	2	2	CAT Tourniquets		2
3 to 2	Mucosal Atomizers		1	1	Two Way Radio Comm.	1	1	1	Blade Screw Driver 10"		1	1	1	1	10	10	Alcohol preps		1
2 to 1	ITD (ResQPOD)		1	1	Windows	1	1	1	Wrecking Bar		1	1	1	2	2	2	Magnet		1
5 to 1 above	Nitro-Paste (Dermal)		1	1	Windshield	1	1	1	Vise Grip Pliers 10"		2	2	2	2	2	2	Emesis Bags		2
2	Diltiazem		1	1	Mirrors	1	1	1	Hacksaw		2	2	2	2	2	2	IO Kit/Drill		1
5	25 ga 1 1/2 IM need.		1	1	Overhead Grab rail	1	1	1	Pairs of gloves		2	2	2	2	2	2	EZ IO Needle (PD 15 mm, 15 ga.)		1
2 to 0	20 mL syringes		1	1					Hard Hats		2	2	2	2	2	2	EZIO Needle (AD 25 mm, 15 ga.)		1
	Crew				License Certificate		License/Certificate					1	1	1	1	1	EZIO Needle (LD 45 mm, 15 ga.)		1
	Paramedic				State		EMT		State			1	1	1	1	1	Surgical Cric. Kit		1
												1	1	1	1	1	Flex-guide ETT Introducer		1
												1	1	1	1	1	Chest Needle 15 ga 6 cm length		1
												1	1	1	1	1	Face Mask Cutter		1

Inspection Date: ____/____/____ Type of Inspection: Annual Random Reinspection Unit No. : _____ Mileage: _____

VIN #: _____ License Tag #: _____ Vehicle Type: 1 2 3 4 Other: _____

If reinspection, date of previous inspection: ____/____/____

I, the undersign representing EMSA and its contractor, acknowledge receipt of a copy of this inspection form. I am aware of deficiencies listed, (if any) and understand that failure to correct deficiencies will subject EMSA and its authorized representatives to administrative action.

Copy of form received by: GM DO OM FOS Other: _____ Signature: _____

Date: ____/____/____ Inspected by: _____ Date: ____/____/____ Medical Director: _____ Date: ____/____/____

Inspector's Notes:

Added items: