

**PENNSYLVANIA DEPARTMENT OF HEALTH
IALS Ambulance Inspection Checklist**

I. GENERAL INFORMATION:

Date Stickers:

Decals:

Name of EMS Agency:

Dominate Lettering (as displayed on EMS unit)

License Plate # :

Year:

Make:

Model:

Vehicle Identification # (VIN):

Date Inspected:

Affiliate # :

Regional EMS Council:

Mileage:

| VEHICLE/EQUIPMENT | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|---|------------------------------|------------------|------------------|
| Identified as Meeting the Fed KKK 1822 Specs | | | |
| Exterior Markings | | | |
| Audible Warning Signal Device | | | |
| Lights: | | | |
| Exterior | | | |
| Interior | | | |
| Dual Battery System | | | |
| Fire Extinguisher (1) (5# ABC dry chem. or CO2) (Body of Amb.) | | | |
| Fire Extinguisher (1) (5# ABC dry chem. or CO2) (Patient Comp.) | | | |
| Power Supply | | | |
| Current Vehicle Inspection | | | |
| Current Vehicle Insurance | | | |
| Current Vehicle Registration | | | |
| Interior Requirements: | | | |
| General Safety Concerns | | | |
| Floor | | | |
| Patient Area Partition | | | |
| Storage Cabinets | | | |
| IV Hangers flush with ceiling (2) | | | |
| Patient Litter Compliant With 5 Manufacture Approved Straps | | | |
| Doors (side and rear gasket, latches and hinges) | | | |
| No Smoking /Oxygen Equipped Sign - In Cab of Vehicle (1) | | | |
| No Smoking /Oxygen Equipped Sign - In Patient Compartment (1) | | | |
| Fasten Seat Belts Sign - In Cab of Vehicle (1) | | | |
| Fasten Seat Belts Sign - In Patient Compartment (1) | | | |
| Radio Equipment (meets regional comm. requirements) | | | |
| Installed Oxygen | | | |
| AMD Standard 003 for crashworthiness (3) Straps with mounted O2 flow meter 0-25 lpm (1) | | | |
| On Board Oxygen with at least 500 Liters of O2 at the time of inspection | | | |
| Installed Suction (300mm/Hg in 4 sec.) Results: | | | |
| Installed Suction - Gauge with the ability to control suction | | | |

| | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|--|-----------------------------|-----------|-----------|
| Operational Heating/Cooling Equipment-Maintained between 68°F & 78°F Current Temp: | | | |
| Ventilation / Exhaust Equipment | | | |
| MEDICAL SUPPLIES/EQUIPMENT | | | |
| Current Version of Statewide EMS Protocols | | | |
| Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results: | | | |
| Suction Catheters: (Sterile) | | | |
| Rigid (2) | | | |
| 6 Fr. Suction Catheter (1) | | | |
| 8 Fr. Suction Catheter (1) | | | |
| 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) | | | |
| 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) | | | |
| Airways: | | | |
| Oropharyngeal - (to include 6 different Sizes) | | | |
| Size 0 (1) | | | |
| Size 1 (1) | | | |
| Size 2 (1) | | | |
| Size 3 (1) | | | |
| Size 4 (1) | | | |
| Size 5 (1) | | | |
| Nasopharyngeal (5 different Sizes) | | | |
| Size 16 (1) | | | |
| Size 24 (1) | | | |
| Size 26 (1) | | | |
| Size 32 (1) | | | |
| Size 34 (1) | | | |
| Lubrication (2cc or Larger tube) sterile water soluble (2) | | | |
| Portable O2 flow meter 0-25 lpm (1) | | | |
| Non-Sparking wrench/tank opening device (1) | | | |
| Portable Oxygen with a min. tank capacity of 300 liters and min. of 500 PSI (1) | | | |
| Full Spare O2 cylinder (Min. 300 liters) (1) | | | |
| Pediatric Nasal Cannula (1) | | | |
| Adult Nasal Cannula (1) | | | |
| Adult High Concentration Mask (1) | | | |
| Pediatric High Concentration Mask (1) | | | |
| Infant High Concentration Mask (1) | | | |
| Humidifier bottle (1) | | | |
| Adult Bag Valve Mask Device (700cc) (1) | | | |
| Pediatric Bag Valve Mask Device (450cc) (1) | | | |
| Adult Mask (1) | | | |
| Child Mask (1) | | | |
| Infant Mask (1) | | | |
| Neonatal Mask (1) | | | |

| | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|---|-----------------------------|-----------|-----------|
| Sphygmomanometer (interchangeable gauges are permitted) | | | |
| Child Cuff (1) | | | |
| Adult Cuff (1) | | | |
| Thigh Cuff (1) | | | |
| Adult Stethoscope (1) | | | |
| Pediatric Stethoscope (1) | | | |
| Penlight (1) | | | |
| Multi-Trauma (10" x 30") (4) | | | |
| Occlusive (3" x 4") (4) | | | |
| Sterile Gauze Pads (4" x 4") (25) | | | |
| Soft Self Adhering Gauze(6 rolls) | | | |
| Sterile Burn Sheets (4' x 4') (2) | | | |
| Adhesive Tape (4 rolls assort., 1 must be hypoallergenic) | | | |
| Bandage Shears (1) | | | |
| Commercial "Tactical" Tourniquet (2) | | | |
| Lateral Cervical Spine Device (1) | | | |
| Long Spine Board (1) | | | |
| Rigid/Semi Rigid Neck Immobilizers - Small or Multi Size (1) | | | |
| Rigid/Semi Rigid Neck Immobilizers - Medium or Multi Size (1) | | | |
| Rigid/Semi Rigid Neck Immobilizers - Large or Multi Size (1) | | | |
| Rigid/Semi Rigid Neck Immobilizers - Peds or Multi Size (1) | | | |
| Straps 9' (5) (May sub spider straps or speed clips for 3) | | | |
| Folding Litter/Collapsible Device (1) | | | |
| Stair Chair (1) | | | |
| Traction Splint Adult or Comb) (1) | | | |
| Traction Splint Child or Comb) (1) | | | |
| Upper Extremity Splints (2) | | | |
| Lower Extremity Splints (2) | | | |
| Pediatric Safe Transport Device (between 10 and 99lbs) | | | |
| Pediatric Equipment / Dosing Sizing Tape (Current) (1) | | | |
| 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) | | | |
| Pillow (1) | | | |
| Blankets (2) | | | |
| Sheets (4) | | | |
| Pillow Cases (2) | | | |
| Towels (4) | | | |
| Disposable Tissues (1 box) | | | |
| Emesis Container (1) | | | |
| Bedpan (1) | | | |
| Urinal (1) | | | |

| | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|--|-----------------------|-----------|-----------|
| Disposable Paper Drinking Cups (3 oz.) (4) | | | |
| Emergency ALS Jump Kit (1) | | | |
| Thermometer (1) electronic digital non-tympanic | | | |
| Instant Glucose (45 grams - 40% dextrose-d-glucose gel) or (food grade substitute) | | | |
| CPAP Ventilation - portable equipment with (2) disposable masks | | | |
| Pulse Oximetry | | | |
| Non-surgical Alternative/Rescue Airways - Either (3) Kings (size 3,4,5) or (2) Combitubes (37F and 41F - 1 each) or (3) i-gel (size 3, 4, 5) | | | |
| Nebulizer System (1) | | | |
| 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: | | | |
| Macro drip (10-20 drops/ml) (2) | | | |
| Tourniquets for IV Use (2) | | | |
| Medications and Supplies: | | | |
| Chewable Aspirin (81 mg) | | | |
| Bronchodilators (Albuterol or Albuterol Ipratropium Bromide) | | | |
| Dextrose (concentration between 10% - 50%) | | | |
| Epinephrine (1:1,000) | | | |
| Glucagon | | | |
| Naloxone | | | |
| Nitroglycerine-Sublingual | | | |
| Zofran | | | |
| IV Solutions (2000 ml total) (Crystalloids NSS or another salt solution) | | | |
| Hypodermic Needles:(must be sterile & indiv. wrapped) | | | |
| 16-18 gauge (4) | | | |
| 20-22 gauge (4) | | | |
| 23-25 gauge (4) | | | |
| Intraosseous (14-18 gauge) (1) of each size | | | |
| Syringes (2 with at least one being 1 mL volume) | | | |
| Defibrillator/Monitor | | | |
| 12 Lead | | | |
| Transmit Capabilities | | | |
| Adult Defibrillator Pads (1) | | | |
| Pediatric Defibrillator Pads (1) | | | |
| Electrodes, ECG (Adult) (12) | | | |
| Electrodes, ECG (Pediatric) (12) | | | |
| Electronic Waveform Capnography (1) | | | |
| Hand light (2) | | | |

| | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
|---|-----------------------------|-----------|-----------|
| 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 Edition | | | |
| PERSONAL INFECTION CONTROL KIT | | | |
| Eye Protection* | | | |
| Gown/Coat* | | | |
| Surgical Cap/Foot Coverings* | | | |
| Exam Gloves* | | | |
| Red Bags (per infectious control plan) | | | |
| Sharps container (per infectious control plan) | | | |
| N-95 Respirator Mask* | | | |
| Hand Disinfectant - Non-water (1 container) | | | |
| * Disposable - one set/pair per responding crewmember | | | |
| | | | |
| Was a deficiency notification issued for this vehicle? | | | |
| Is a copy of the deficiency notification attached to this form? * | | | |
| Is a reinspection required? | | | |
| Digital Images Captured | | | |
| Vehicle Placed Out of Service (Per I.B. 2013-001) | | | |
| * All deficiencies are required to be documented on approved form and submitted with this form. | | | |
| Inspected By: _____ (Printed Name) | | | |
| Signature: _____ | | | |