

Multi-County Ambulance Inspection Checklist

Company Name: _____ Date: _____

Based in the following counties:

Adams Arapahoe Broomfield Douglas Elbert Jefferson

Unit No.: _____ VIN: _____ Lic #: _____ Exp. Date: _____

Ambulance Make: _____ Manufacturer: _____ Year: _____ Odometer: _____

Insurance Company: _____ Policy No.: _____ Exp. Date: _____

____ Basic Life Support (BLS) ____ Basic Life Support w/ Advanced Life Support (BLS/ALS) ____ Advanced Life Support (ALS) ____ Reserve

Basic Life Support Check List:

Emergency Systems:

- __ Ambulance Service Medical Treatment Protocols (Current)
- __ Computerized __ yes __ no
- __ State Emergency Vehicle Permit (if required)
LRD: Year _____ Number _____
- __ Running Lights
- __ Emergency Lights __ Siren __ *Fog __ *IC __
 __ *Traffic Direction __ *Opticom __ *SW __
- __ Communications appropriate for jurisdiction served.
 - a. ambulance service's dispatch
 - b. cell phone
 - c. medical control facility or physician
 - d. receiving facilities
 - e. mutual aid agencies, other agencies
- __ Dispatched by: _____
- __ A set of 3 warning reflectors or devices
- __ Reflective vests for Crew
- __ Spare Tire, changing tools, jumper cables, or road side service _____
- __ Fire Ext. (ABC 5-10 lbs) - vehicle exterior
 Due Date: _____
- __ Oxygen (house supply)
- __ Two (2) Flash lights or lanterns

Splints and Immobilization Equipment:

- __ Spine board (long) with straps
- __ Spine board (short) with straps
- __ Patient extrication device __ Pediatric board __
- __ Scoop stretcher with straps
- __ Cervical collars – rigid – adults and peds
- __ Head immobilization devices adult and peds
 Type: _____
- __ Assorted splints and arm boards, adult & peds
- __ Traction splint (lower extremity) with anklet
- __ Child safety seat (per state guidelines) or built in
- __ Adjustable gurney (4-6 wheels) with holder & straps
- __ Blankets (4)
- __ *Stair chair

Diagnostic Equipment:

- __ Blood Pressure Cuffs
 Large adult __ Reg. Adult __ Child __ Infant __
- __ Stethoscope
- __ Diagnostic Pen Light (pupil gauge)
- __ Thermometer - adult and pediatric.
- __ Pulse Oximeter
- __ Electronic Glucose measuring device
- __ AED-Automatic External Defibrillator

Dressings and Bandages:

- __ ABD Pads
- __ Adhesive bandages, assorted sizes
- __ Bandages, roller type, self-adhesive
- __ Multi Trauma Dressing (10 x 36)
- __ Sterile Burn Sheets
- __ Occlusive Dressing
- __ Triangular bandages (2)
- __ Sterile 4 x 4's
- __ Sterile Eye Pads
- __ Adhesive Tape 2" __ 1" __

Ventilation and Airway Equipment:

- __ Suction Units: House __ portable electric
 __ battery
- __ Rigid Suction Tips (covered)
- __ Soft Catheter Fr. 6, 8, 10, 12, 14, other __
- __ Bulb suction
- __ Two (2) Portable Oxygen with regulators w/15 lpm
- __ Airways: Nasopharyngeal, Adult: 24,26,28,30,32
 Oropharyngeal, Infant, Child,
 Small Adult, Adult, Large Adult
- __ Nasal Cannula: Adult __ Pediatric __
- __ NRB with Transparent Oxygen Masks,
 Adult __ Child __
- __ Bag Valve Mask O₂ Resuscitators
 500cc __ 750cc __ 1000cc __
 with transparent masks, oxygen reservoir,
 and standard fittings 15mm – 21 mm
- __ *Supraglottic Airway

*Optional

Intravenous and Irrigation Equipment:

- Sterile Irrigation Solution Syringe (20 mL)
- *IV solution D5W
- IV solution volume expander, 1000mL
- *Heated storage: Yes No
- IV Arm boards, Adult Pediatric
- Constricting bands trauma tourniquet
- Alcohol Betadine Other: _____
- IV administration sets: Micro Macro
- Blood pumps Other: _____
- IV venipuncture needles: sizes: _____ thru _____ B/F _____
- Blood specimen equipment

Obstetrical Equipment:

- Sterile OB kit to include towels, 4x4's, ABD pads, umbilical tape or cord clamps, scissors or scalpel, bulb syringe, sterile gloves, drapes, blanket, or thermal absorbent blanket, stocking cap, heat source: _____
- Meconium/mucous trap

Body Substance Isolation (BSI):

- Protective eyewear
- Sterile Gloves
- Non-sterile gloves Latex Free
- Masks, non sterile surgical

BSI Continued:

- HEPA masks which can be universal of size

Other comments:

Medical Director: _____ Medical Facility: _____

- N95 mask
- Sharps containers for the appropriate disposal and storage of medical waste and biohazards.
- Sharps container in jump kit

Safety Equipment:

- Fire Ext. (ABC 5-10 lbs) - vehicle interior
- Due Date: _____
- No smoking sign (patient compartment)
- Shears, heavy duty (trauma)
- *Ring cutter
- Safety seat belts, including squad bench
- Restraining devices for all equip. in Pt. Comp.

Additional Equipment and Supplies:

- Appropriate cleaning supplies including: disinfectant cleaner. _____
- Trash Bags (biohazard). Disposed at: _____
- Vehicle cleanliness: Cab Patient Compartment Storage Cupboards
- Triage tags
- Extrication Equipment (optional) Yes No

____ Reserve unit M.O. = medical equip. moved over unit must be completely equipped w/med equip & supplies according to this check list (BLS/ALS). Unit must be thoroughly cleaned before being placed into service.

<input type="checkbox"/> Approved Basic Life Support (BLS) Inspection Expires: _____	<input type="checkbox"/> Not Approved. - Re-inspection required. Date of Re-inspection: _____
Please print Ambulance Service Representative's Name: _____	
_____ Ambulance Service Representative Signature	_____ Date
_____ Mona Fellers, Multi-County Ambulance Inspector	_____ Date

*Optional

Multi-County Ambulance Advanced Life Support (ALS) Checklist:

Ventilation Equipment:

- Chest Decompression: Commercial__ Self Kit__
- Angiocath: 10g __ Other: _____
- Cricothyrotomy Tray: Commercial__ Self-Kit__
- _____
- Laryngoscope and Blades sizes:
Straight: 0, 1, 2, 3, 4, Curved: 0, 1, 2, 3, 4 Other:___
- Endotracheal Tubes (2 of each)
Uncuffed: __ 2.5 __ 3 __ 3.5 __ 4 __ 4.5 __ 5 __ 5.5
Cuffed: __ 6 __ 6.5 __ 7 __ 7.5 __ 8 __ 8.5 __ 9 __ 9.5 __ T
- Stylets: __ Adult __ Pediatric __ PP
- End Tidal CO₂ detector or alternative device, FDA approved to determine endotracheal tube placemnt
- Endotracheal Tube Holder _____
- Curved Forceps __ Adult __ Pediatric
- Nebulizer Adult __ Pediatric __ Mask Adapt __
- *Nasogastric Tube Size 16 __ Size 18 __

IV Fluids and Equipment:

- Soluset _____
- D5W or NaCL, 50 mL __ 250 mL __
- NaCL or LR, 1,000 mL
- I.O. (Intraosseous)

Medications:

- Medical Director selected and approved list (attached)

Patient Assessment Equipment:

Other Comments: *

- CPAP _____
- TIH __ Temp _____ Therm _____

Monitor/Defibrillator Operational Check:

- Make and Model: _____
- Monitor Serial No. _____
- Defibrillator Serial No. _____
- Patient Cables:
 - Lead 1 (white/black)
 - Lead 2 (white/red)
 - Lead 3 (black/red)
 - 12 –AED, PACE, CV, Defib, Pulse OX, BP, ET-CO₂
- Adult Paddles or Combi-Pads
- Pediatric Paddles or Combi-Pads
- Presentation
- Recorder and Paper
- Date of last service: _____
- Output: __ 360 ws (338-382)
 - 300 ws (282-318)
 - 200 ws (188-212)
 - 100 ws (94-106)
 - 50 ws (47-93)
 - 20 ws (18-22)

Miscellaneous Equipment:

- *Compartmentalized Pneumatic Trousers
- _____
- Pediatric “length-based” device for sizing drug dosage calculation and sizing equipment
Type: _____ date: _____

<input type="checkbox"/> Approved ALS <input type="checkbox"/> Approved BLS with ALS capabilities Inspection Expires: _____	<input type="checkbox"/> Not Approved. Re-inspection required. Date of Re-inspection: _____
Please print Ambulance Service Representative’s Name: _____	
Ambulance Service Representative’s Signature _____	Date _____
Mona Fellers, Multi-County Ambulance Inspector	Date _____

*Optional