

Multi-County Ambulance Inspection Checklist

Company Name: _____ Date: _____

Based in the following counties:

Adams Arapahoe Broomfield Denver 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 with Advanced Life Support Capabilities (BLS/ALS) ____ Advanced Life Support (ALS)

Basic Life Support Check List:

Emergency Systems:

- ____ Ambulance Service Medical Treatment Protocols (Current)
- ____ State Emergency Vehicle Permit (if required)
LRD: Year _____ Number: _____
- ____ Running Lights
- ____ Emergency Lights _____ Siren _____
- ____ Communications appropriate for jurisdiction served.
 - a. ambulance service's dispatch
 - b. medical control facility or physician
 - c. receiving facilities
 - d. mutual aid agencies, other agencies
- ____ Dispatched by: _____
- ____ A set of 3 warning reflectors or devices. _____
- ____ Spare Tire, changing tools 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)
- ____ Adjustable gurney (4-6 wheels) with holder
- ____ Blankets (4)

Diagnostic Equipment:

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

Dressings and Bandages:

- ____ ABD Pads
- ____ 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 ____
- ____ Rigid Suction Tips
- ____ Soft Catheter Fr. 6, 8, 10, 12, 14, other ____
- ____ Bulb suction
- ____ Two (2) Portable Oxygen with regulators
- ____ 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

Intravenous and Irrigation Equipment:

- Sterile Irrigation Solution Syringe
- IV solution D5W, 250mL (optional)
- IV solution volume expander, 1000mL
- Heated storage: Yes No (optional)
- IV Arm boards, Adult and Pediatric
- Constricting bands
- Alcohol Betadine Other: _____
- IV administration sets: Micro , Macro
- Blood pumps Other: _____
- IV venipuncture needles: sizes: _____ thru _____
(If required by Medical Director or company.)
- 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: _____
- Me conium/mucous trap

Body Substance Isolation (BSI):

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

Other comments: _____

Medical Director: _____ Medical Facility: _____

BSI Continued:

- HEPA masks which can be universal of size
- Sharps containers for the appropriate disposal and storage of medical waste and biohazards.

Safety Equipment:

- Fire Ext. (ABC 5-10 lbs) - vehicle interior
Due Date: _____
- No smoking sign (patient compartment)
- Shears, heavy duty (Trauma)
- Ring cutter (optional)
- 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
- _____
- _____
- _____

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