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 O_2 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

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__
_____
_____
_____

Other comments: _____
_____
_____

Medical Director: _____ Medical Facility:_____

❑ **Approved Basic Life Support (BLS)**	❑ **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