

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
ALS MOBILE CARE AND BLS INSPECTION CHECKLIST**

Vehicle #

I. GENERAL INFORMATION:

Date Stickers: Yes _____ No _____

Decals: Yes _____ No _____

Name of Ambulance Service: _____

Address: _____

(Primary Headquarters) City State Zip

License Plate # : _____ Year: _____ Make: _____ Model: _____

Vehicle Identification # (VIN): _____

Date Inspected: _____ Affiliate # : _____

Regional EMS Council: _____ Mileage: _____

Type of Service: _____ BLS: _____ ALS Mobile Care: _____

II. DOCUMENTS/POLICIES

	PRESENT	DEFICIENT	CORRECTED
Personnel Roster			
Staffing Plan			
Policy Statements			
Documentation Requirements			
Patient Records Secured			
Medical Director's Agreement			
License Displayed			
Infection Control Plan			
Proof of Workmen's Compensation Insurance			

III. VEHICLE/EQUIPMENT

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Exterior Markings			
Audible Warning Signal			
Emergency Lights:			
Exterior			
Interior			
Dual Battery System			
FireExtinguisher (2)			
Power Supply			
Current Vehicle Inspection			
Current Vehicle Insurance			
Interior Requirements:			
Floor			
Dimensions			
Patient Area Partition			
Storage Cabinets			
IV Hangers			
Patient Litter			
Doors (Side & Rear)			

III. VEHICLE/EQUIPMENT (Cont)	PRESENT AND		
	OPERATING	DEFICIENT	CORRECTED
No Smoking Oxygen Equipped Signs (2) - One in Front; One in Rear			
Fasten Seat Belts Signs (2) - One in Front; One in Rear			
Radio Equipment (Meets Regional Communication Requirements)			
Installed Oxygen			
Installed Suction			
Operational Heating/Cooling/Ventilation Equipment			
IV, MEDICAL SUPPLIES/EQUIPMENT	PRESENT AND		
	OPERATING	DEFICIENT	CORRECTED
Rechargeable Portable Electric Suction Unit (1)			
Suction Catheters:			
Rigid (2)			
Flexible (6)			
Airways:			
Oropharyngeal (6)			
Nasopharyngeal (5)			
Sphygmomanometer (Small, Medium, Large)			
Stethoscope (1 - Adult and 1 - Pediatric)			
Penlight (1)			
Portable Oxygen Unit (1)			
Oxygen Delivery Devices:			
Nasal Cannulas (1 - Adult and 1 - Pediatric)			
High Concentration Masks (Adult/Pedi/Infant [1each])			
Pocket Mask with One-Way Valve (1)			
Bag Valve Mask Devices:			
Adult and Pediatric (1 each)			
Humidifier Bottle (1)			
Dressings:			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (3" x 3") (25)			
Soft Self Adhering (6 Rolls)			
Adhesive Tape (4 Rolls)			
Immobilization Devices:			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers (Sm., Med., Lg., Ped.) (1 each)			
Pediatric Equipment Sizing Tape/Chart-BLS			
Pediatric Length-Based Drug Dosing/Sizing Tape-ALS			
Straps 9' (5)			
Folding Litter (1)			
Splinting Devices:			
Traction Splint (Adult and Child - 1 each or Comb)			
Upper and Lower Extremity (2 each)			
Sterile Water/Normal Saline - 2 Liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			

IV. MEDICAL SUPPLIES/EQUIPMENT (Cont)	PRESENT AND		
	OPERATING	DEFICIENT	CORRECTED
Triangular Bandages (8)			
Sterile OB Kits (2)			
Separate Bulb Syringe (1)			
Thermal Blanket/Sterile Foil (1)			
Sterile Burn Sheets (4' x 4') (2)			
Bandage Shears (1)			
Pillow (1)			
Blankets (2)			
Sheets (4)			
Pillow Cases (2)			
Towels (4)			
Disposable Tissues (1 box)			
Emesis Container (1)			
Bedpan (1)			
Urinal (1)			
Disposable Drinking Cups (3 oz.) (4)			
Regional Approved Triage Tags (20)			
Handlight (6 Volts or More) (2)			
Hazard Warning Device (3)			
Emergency Jump Kit (1)			
DOT Emergency Response Guide (1)			
Thermometer (1)			
Sharps Receptacle (1)			
Instant Glucose (45 grams)			
Lubrication (2cc or Larger Tubes) Sterile Water Soluble (2)			
Activated Charcoal (50 grams) Optional per Regional Protocol			
Epinephrine Auto Injector - Adult and Pediatric (2 each) Optional for authorized BLS Services			
CPAP Ventilation - Portable Equipment Optional for authorized BLS Services			
Pulse Oximetry Optional for Authorized BLS Services			
Sponges/Preps/Wipes-Alcohol (10)			
Endotracheal Tubes:			
2.5 mm or 3.0 mm (uncuffed) (2)			
3.5 mm or 4.0 mm (uncuffed) (2)			
4.5 mm or 5.0 mm (2)			
5.5 mm or 6.0 mm (2)			
6.5 mm or 7.0 mm (2)			
7.5 mm or 8.0 mm (2)			
8.5 mm or 9.0 mm (2)			
Non-Surgical Alternative/Rescue Airways. Either (2) Combitubes (One Small and One Adult) or (3) King Size 3, 4, and 5			
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Blades:			
Straight # 1, # 2, # 3 - (1 each)			
Curved # 3, # 4 - (1 each)			

V. ALS EQUIPMENT/SUPPLIES	PRESENT AND		
	OPERATING	DEFICIENT	CORRECTED
Forceps, Magill (Adult/Pediatric - 1 each)			
Phlebotomy Equipment			
IV Therapy Supplies (Per Regional Requirements):			
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:			
Microdrip (50-60 drops/ml) (2)			
Macro drip (10-20 drops/ml) (2)			
IV Solutions (2250 ml total)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Emergency Drugs			
Hypodermic Needles:			
16-20 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Intraosseous (14-18 gauge) (2)			
Syringes			
Defibrillator/Monitor			
Defibrillator/Monitor Supplies:			
Paddle Pads (4) or Gel (2 Tubes)			
Electrodes, ECG (Adult/Pediatric) (6 each)			
Stylette, Malleable (Adult (1) / Pediatric (2)			
Meconium Aspirator (1)			
Electronic Glucose Meter (1)			
Electronic Wave Form Capnography (1)			
VI. PERSONAL PROTECTION EQUIPMENT	PRESENT	DEFICIENT	CORRECTED
Clear Eye Protection (One Set/Pair per Responding Crewmember)			
Face Mask (One Set/Pair per Responding Crewmember)			
Gown/Coat (One Set/Pair per Responding Crewmember)			
Surgical Cap/Foot Coverings (One Set/Pair per Responding Crewmember)			
Double Barrier Gloves (One Set/Pair per Responding Crewmember)			
Biological Waste Container			
Gloves (Leather) (1 Pair per Crewmember)			
Goggles (1 Set per Crewmember)			
Hard Hat (1 per Crewmember)			

Inspected By: _____ Printed Name

Signature: _____

Date Forwarded to EMS Office: _____