



DEPARTMENT OF HUMAN SERVICES  
 OREGON HEALTH DIVISION  
 EMERGENCY MEDICAL SERVICES AND SYSTEMS  
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**MARINE AMBULANCE INSPECTION FORM**

**G** Initial   **G** Announced   **G** Unannounced   **G** Reinspection

Agency Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marine craft Make: \_\_\_\_\_ Marine craft Model: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

Marine craft Registration # \_\_\_\_\_ Ambulance License #: \_\_\_\_\_

**Inspection Codes:**

- 1 = Present and in good working order.
- 2 = Item placed on marine craft at time of inspection.
- 3 = Item not present or not in good working order.
- DNC = Did not check.

**Rating Categories:**

**CRITICAL EQUIPMENT IS IN BOLD, CAPS and UNDERLINED.**  
 Equipment in this category that is either missing or not in good working order shall result in the immediate suspension of the license to operate and the license shall remain suspended until deficiencies are corrected.

**MARINE CRAFT DESIGN**

- 1 2 3 A configuration that allows the personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management.
- 1 2 3 The plastic basket stretcher and medical equipment is placed in a manner that will not impede rapid egress by personnel or patient from the marine craft.

**FLOWMETER TEST RESULTS:** **G** Did not conduct tests.

- Test #1 Regulator set to deliver 2 L/min. Accurate to +/- 1.0 L/min.  
 Actual reading \_\_\_\_\_ **G** Pass **G** Fail
- Test #2 Regulator set to deliver 5 L/min. Accurate to +/- 1.0 L/min.  
 Actual reading \_\_\_\_\_ **G** Pass **G** Fail
- Test #3 Regulator set to deliver 10 L/min. Accurate to +/- 1.0 L/min.  
 Actual reading \_\_\_\_\_ **G** Pass **G** Fail
- Test #4 Regulator set to deliver 15 L/min. Accurate to +/- 1.5 L/min.  
 Actual reading \_\_\_\_\_ **G** Pass **G** Fail

**MARINE CRAFT AND SURVIVAL EQUIPMENT**

- 1 2 3 Anchor with line that is three times the maximum depth of water in areas of usual operation - 1
- 1 2 3 Docking fenders - 2
- 1 2 3 Mooring lines - 2
- 1 2 3 Self or mechanical bailer - 1
- 1 2 3 Swim harness and 75 foot tethering line - 1
- 1 2 3 Boat hook with minimum of 10 foot capability - 1
- 1 2 3 Waterproof flashlight, six volt minimum - 1
- 1 2 3 Navigational charts for service area and navigational aids, including compass
- 1 2 3 Cold water protection device - 1 for each crew member
- 1 2 3 **LIFE JACKETS - 2 ADULT**
- 1 2 3 **LIFE JACKETS - 2 CHILDREN**

- 1 2 3 **SPARE TANK that is full, tagged and sealed - 1.**
- 1 2 3 **ALL TANKS PROPERLY SECURED.**
- 1 2 3 All tanks must be inspected and have a hydrostatic pressure test by a qualified person, tanks stamped with a date followed by a \*, +, or I are good for 10 years, all other markings after a date are good for 5 years.
- 1 2 3 **Oxygen setup has a yoke-type regulator which has a pressure gauge, a non-gravity-dependent flowmeter, a humidifier and equipment for warming the oxygen.**

**PATIENT CARE EQUIPMENT**

The following patient care equipment is required on all licensed marine ambulances:

**OXYGEN (Medical) and administration equipment:**

- 1 2 3 **MUST BE ABLE TO PROVIDE A MINIMUM OF TWO HOURS SUPPLY WHEN BEING DELIVERED AT 10 LITERS PER MINUTE.**

**OXYGEN NON OR PARTIAL-REBREATHER MASKS WITH TUBING**

- 1 2 3 **PEDIATRIC - 2**
- 1 2 3 **ADULT - 2**
- 1 2 3 Oxygen Nasal Cannulas with tubing, adult - 2
- 1 2 3 Mouth-to-Mask Ventilation Devices with one-way valve, adult - 1

**OROPHARYNGEAL AIRWAYS (PLASTIC OR RUBBER)**

- 1 2 3 **INFANT - 1**
- 1 2 3 **CHILD - 1**
- 1 2 3 **SMALL ADULT - 1**
- 1 2 3 **MEDIUM ADULT - 1**
- 1 2 3 **LARGE ADULT - 1**
- 1 2 3 **EXTRA LARGE ADULT - 1**

**BAG-VALVE-MASK VENTILATION DEVICES (each mask must be transparent and semi-rigid)**

**1 2 3 ADULT/CHILD, BAG - 1**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Flow rate = or > 35 L/min.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #2 Pressure = or > 55 cm H<sub>2</sub>O.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #3 Test for leaks, pressure should stay the same or drop very slowly. G Pass G Fail

Test #4a Cycle rate for adult bag = or > 20 per min

Actual reading \_\_\_\_\_ G Pass G Fail

Test #4b Cycle rate for child bag = or > 30 per min

Actual reading \_\_\_\_\_ G Pass G Fail

**1 2 3 INFANT, BAG - 1**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Flow rate = or > 35 L/min.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #2 Pressure = or > 55 cm H<sub>2</sub>O.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #3 Test for leaks, pressure should stay the same or drop very slowly. G Pass G Fail

Test #4 Cycle rate for infant bag = or > 40 per min

Actual reading \_\_\_\_\_ G Pass G Fail

**1 2 3 MASK SIZES, 0, 1, 2, 3, 4, 5 - 1 ea., or cushion-type mask in infant and child/adult sizes.**

**SUCTION ASPIRATOR**

**1 2 3 PORTABLE (may be either battery, oxygen or manually powered) Must be capable of developing a minimum vacuum of 300 mm Hg within four second after the tube is closed.**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Flow rate must reach and remain at 20 L/min or greater.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #2 Vacuum test, vacuum must reach 300 mm Hg or greater within 4 seconds.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #3 Maximum vacuum, vacuum must reach and maintain at 400 mm Hg or greater.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #4 Aspirator tubing, tubing must not collapse.

G Pass G Fail

**1 2 3 A secondary suction apparatus - 1**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Flow rate must reach and remain at 20 L/min or greater.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #2 Vacuum test, vacuum must reach 300 mm Hg or greater within 4 seconds.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #3 Maximum vacuum, vacuum must reach and maintain at 400 mm Hg or greater.

Actual reading \_\_\_\_\_ G Pass G Fail

Test #4 Aspirator tubing, tubing must not collapse.

G Pass G Fail

**1 2 3 300 ml collection bottle**

**1 2 3 Water for rinsing, 8 ounces**

**1 2 3 SUCTION CATHETERS (Assorted sizes, neonatal to adult) \_\_\_\_\_, # \_\_\_\_\_**

**Stretchers, fasteners and anchorages:**

**1 2 3 STRETCHER, Plastic basket stretcher with four-point bridle with three restraining devices (chest, hip and knee) at least 2" wide with a quick release buckle - 1**

**1 2 3 STRETCHER FASTENER, must have a locking mechanism which can be securely fastened to the craft below the gunwale level - 1**

**BACKBOARDS (HAVE NECESSARY RESTRAINING DEVICES)**

**1 2 3 SHORT or equivalent; i.e. KED - 1**

**1 2 3 LONG - 1**

**1 2 3 PEDIATRIC, a modified short or long backboard is acceptable - 1**

**1 2 3 Scoop stretcher - 1**

**Splinting materials**

**EXTRICATION COLLARS (soft foam rubber cervical collars are NOT allowed)**

**1 2 3 PEDIATRIC - 1**

**1 2 3 SMALL - 1**

**1 2 3 MEDIUM - 1**

**1 2 3 LARGE - 1**

**1 2 3 HEAD IMMOBILIZERS - 2**

**1 2 3 Extremity splints, upper - 2**

**1 2 3 Extremity splints, lower - 2**

**Traction splints**

**1 2 3 Adult - 1**

**1 2 3 Child - 1, or**

**1 2 3 Adult/Child combination, including ankle straps for adult and child - 1**

**Bandaging and dressing materials:**

**1 2 3 Conforming non-sterile gauze bandages; - 12**

**1 2 3 Gauze 4" X 4" sterile sponges - 24**

**1 2 3 Sterile bulk dressings - 8" X 30" - 4 or 7" X 8" - 8**

**1 2 3 Non-porous 4" X 4" sterile dressings - 4**

**1 2 3 Adhesive or hypo-allergenic 1" tape - 2 rolls**

**1 2 3 Bandage shears - 2**

**1 2 3 Rigid eye shields - 2**

**Other patient care equipment:**

**1 2 3 Obstetrical Kit, disposable - 1**

**1 2 3 Hypothermia thermometer in protective case - 1**

**1 2 3 Emesis container - 1 two-liter container with plastic liners & ties - 2**

**1 2 3 Urinals, female and male - 1 ea**

**1 2 3 Bed pan - 1**

**1 2 3 STETHOSCOPE - 1 adult**

**ANEROID SPHYGMOMANOMETER, ADULT - 1**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Calibrated? G Yes G No

Test #2 Cuff leaks? G Yes G No

Test #3 Valve leaks? G Yes G No

Test #4 Tubes leak? G Yes G No

Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/

160/

60/

**1 2 3 Aneroid Sphygmomanometer, Extra Large Adult - 1**

**TEST RESULTS:** G Did not conduct tests.

Test #1 Calibrated? G Yes G No

Test #2 Cuff leaks? G Yes G No

Test #3 Valve leaks? G Yes G No

Test #4 Tubes leak? G Yes G No

Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/

160/

60/

**TEST RESULTS - CHILD OPTIONAL:**

G Did not conduct test.

Test #1 Calibrated? G Yes G No

Test #2 Cuff leaks? G Yes G No

Test #3 Valve leaks? G Yes G No

Test #4 Tubes leak? G Yes G No

Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/

160/

60/

**TEST RESULTS - INFANT OPTIONAL:**

G Did not conduct test.

Test #1 Calibrated? G Yes G No

Test #2 Cuff leaks? G Yes G No

Test #3 Valve leaks? G Yes G No

Test #4 Tubes leak? G Yes G No

Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/

160/

60/

**Personal protection devices:**

1 2 3 **GLOVES, disposable - 6 pair**

1 2 3 **FACE MASKS, disposable - 3**

1 2 3 **PROTECTIVE EYEWEAR - 2**

1 2 3 Hand cleaning solution - 16 oz. or cloths - 8

1 2 3 Cleaning disinfectant - 8 oz.

1 2 3 **CONTAINER(S) for used needles, each kit - 1, # \_\_\_\_\_**

1 2 3 **CONTAINER for contaminated gloves, masks, etc.**

1 2 3 Department of Transportation Emergency Response Guide Book (Initial Response to Hazardous Material Incidents), 1987 or newer, or equivalent - 1

**Medications, fluids and cardiac care equipment authorized for use by an EMT-Basic and EMT-Intermediate:**

1 2 3 **EPINEPHRINE 1:1000 - 2 ampules**

Exp. date:  / /

1 2 3 Activated Charcoal - 2 ounces Exp. date:  / /

1 2 3 Liquid oral glucose - 2 ounces Exp. date:  / /

1 2 3 Sterile Irrigation fluid 1000 cc Exp. date:  / /

1 2 3 Defibrillator, auto or semi-auto - 1

1 2 3 Patient cables - 2

1 2 3 Contact gel - 1 tube or Pre-gelled defib pads - 3 sets

1 2 3 Monitoring electrodes - 12

1 2 3 ECG paper - 3 rolls (if not a tape recording device)

**Airway adjuncts, medications, fluids and cardiac care equipment authorized for use by an EMT-Intermediate:**

1 2 3 **PHARYNGEAL ESOPHAGEAL AIRWAY - 2**

1 2 3 **Any physiologic isotonic crystalloid solution or combination thereof - 6000 cc**

Exp. dates: G Good G Bad

1 2 3 **ATROPINE - 2** Exp. date:  / /

1 2 3 **DEXTRROSE - 2** Exp. date:  / /

1 2 3 **EPINEPHRINE 1:10,000 - 2**

Exp. date:  / /

1 2 3 **LIDOCAINE 2% (bolus only) - 2**

Exp. date:  / /

1 2 3 **NALOXONE - 2** Exp. date:  / /

1 2 3 **NITROGLYCERINE tables - 1 bottle or metered sublingual spray - 1 bottle** Exp. date:  / /

**Vascular Access Devices:**

1 2 3 **BUTTERFLY DEVICES 23 gauge - 2 ea**

1 2 3 **BUTTERFLY DEVICES 25 gauge - 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 14 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 16 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 18 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 20 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 22 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 24 gauge 2 ea**

1 2 3 **INTRAOSSEOUS NEEDLE - 2**

**Medications, fluids and cardiac care equipment authorized for use by an EMT-Paramedic:**

1 2 3 **MONITOR/Defibrillator/Write-out portable with adult paddles - 1**

1 2 3 **PATIENT CABLES - 2**

1 2 3 **CONTACT GEL - 1 tube, or Pre-gelled defib pads - 2 sets**

1 2 3 Monitoring electrodes - 6

1 2 3 ECG paper - 2 rolls

1 2 3 **LARYNGOSCOPE HANDLE - 1**

1 2 3 Extra dated batteries for laryngoscope handle - 2  
Exp. Date:  / /

**LARYNGOSCOPE BLADES - 1 ea.:**

1 2 3 **Size 0 - straight;**

1 2 3 **Size 1 - straight;**

1 2 3 **Size 2 - straight;**

1 2 3 **Size 2 - curved;**

1 2 3 **Size 3 - straight;**

1 2 3 **Size 3 - curved;**

1 2 3 **Size 4 - straight; and**

1 2 3 **Size 4 - curved.**

1 2 3 Extra bulbs for laryngoscope blades - 2

**INTUBATION TUBES Stored in unbroken packages and having valid expiration dates:**

1 2 3 **2.5 mm - 2 Exp. date: / /**

1 2 3 **3.0 mm - 2 Exp. date: / /**

1 2 3 **3.5 mm - 2 Exp. date: / /**

1 2 3 **4.0 mm - 2 Exp. date: / /**

1 2 3 **4.5 mm - 2 Exp. date: / /**

1 2 3 **5.0 mm - 2 Exp. date: / /**

1 2 3 **5.5 mm - 2 Exp. date: / /**

1 2 3 **6.0 mm - 2 Exp. date: / /**

1 2 3 **7.0 mm - 2 Exp. date: / /**

1 2 3 **8.0 mm - 2 Exp. date: / /**

**Vascular Access Devices:**

1 2 3 **BUTTERFLY DEVICES 23 gauge - 2 ea**

1 2 3 **BUTTERFLY DEVICES 25 gauge - 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 14 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 16 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 18 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 20 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 22 gauge 2 ea**

1 2 3 **OVER-THE-NEEDLE CATHETERS 24 gauge 2 ea**

1 2 3 **INTRAOSSEOUS NEEDLE - 2**

1 2 3 **INTRAVENOUS FLUIDS, STERILE, ASSORTED.**  
Exp. dates: G good G bad

1 2 3 **INTRAVENOUS MEDICATIONS, STERILE, ASSORTED.** Exp. dates: G good G bad

Copy of signed standing orders. Orders must be reviewed and signed annually by current medical director:  
Name of medical director: \_\_\_\_\_

- 1 2 3 EMT-BASIC
  - 1 2 3 EMT-INTERMEDIATE
  - 1 2 3 EMT-PARAMEDIC
  - 1 2 3 SIGNED BY THE MEDICAL DIRECTOR:
  - 1 2 3 DATED WITHIN THE PAST 12 MONTHS
- Date standing orders were last signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ambulance carrying controlled substances must have:**

- 1 2 3 A locked box that is attached to the inside of a locked cabinet.
- 1 2 3 Keys to each of the locks (the same key cannot be used for both locks).
- 1 2 3 Sign in/out log for each controlled substance.

**ALL DEVICES AND EQUIPMENT NOT STORED IN CABINETS MUST BE PROPERLY FASTENED TO PREVENT ITEMS FROM MOVING ABOUT WHILE THE MARINE CRAFT IS IN MOTION OR IF INVOLVED IN AN ACCIDENT.**

- 1 2 3 Required equipment shall be kept in modular watertight buoyant containers.

**Linen Supplies**

- 1 2 3 Pillows with plastic covering - 1 for each stretcher, total # \_\_\_\_
- 1 2 3 Pillow cases (may be either cloth or paper) - 2
- 1 2 3 Cot sheets (may be either cloth or paper) - 4
- 1 2 3 Blankets - 1 for each stretcher, total # \_\_\_\_

**Communication Equipment and Records**

- 1 2 3 **RADIO** VHF/FM Marine Radio with at least 25 watts of power.
- Other radio frequencies: \_\_\_\_\_

**PATIENT CARE REPORT FORM**

- 1 2 3 Using own form.
- 1 2 3 Using the state-approved form.
- 1 2 3 Oregon Trauma System's Identification Bracelets - 5

**Marine craft Exterior**

- Needs body work: **G** Yes **G** No
- Needs painting: **G** Yes **G** No
- Cleanliness: **G** acceptable **G** not acceptable

**Marine craft Interior**

- Needs upholstery work: **G** Yes **G** No
- Equipment stored in a neat and organized manner: **G** Yes **G** No
- Cleanliness: **G** acceptable **G** not acceptable

**Displaying Signs, Licenses & Certificates**

- 1 2 3 "NO SMOKING" Sign
- Health Division Ambulance Licenses:
  - 1 2 3 White paper ambulance license, Location(s): \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - 1 2 3 Side window ambulance license, Location: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Inspection Finding and Disposition**

Can the person assisting in the inspection locate the equipment in a timely manner? **G** Yes **G** No

Initial inspection acceptable. **G** Yes **G** No

Same-day reinspection acceptable. **G** Yes **G** No

**G INITIAL INSPECTION WITH SAME-DAY REINSPECTION IS NOT ACCEPTABLE. THE INSPECTIONS REVEAL VIOLATIONS THAT CONSTITUTE AN IMMEDIATE DANGER OR THREAT TO THE PUBLIC. THE LICENSE FOR THIS MARINE CRAFT IS HEREBY SUSPENDED AND SHALL REMAIN SUSPENDED UNTIL THE VIOLATIONS HAVE BEEN CORRECTED. THE LICENSEE SHALL NOTIFY THE DIVISION BY USING THE "INSPECTION CORRECTIVE ACTION STATEMENT" THAT ALL VIOLATIONS HAVE BEEN CORRECTED.**

**G** Initial inspection with same-day reinspection is **NOT** acceptable. The inspection reveals violations that do not constitute an immediate danger or threat to the public. The licensee shall notify the Division by using the "Inspection Corrective Action Statement" that the non-critical violations have been corrected by:  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_

Copy of the ambulance inspection form given to the ambulance service representative. **G** Yes **G** No

Copy of the ambulance inspection form mailed to the ambulance service. **G** Yes **G** No Dated mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspection corrective action statement given to the ambulance service representative. **G** Yes **G** No

Inspection corrective action statement mailed to the ambulance service. **G** Yes **G** No Date mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ambulance Service Representative:

_____	____/____/____	_____
Signature	Date	Time

County Health Dept. Representative notified:

_____	____/____/____	_____
Name	Date	Time

County Ambulance Service Plan Administrator notified:

_____	____/____/____	_____
Name	Date	Time

Inspection completed by:

_____	____/____/____	_____
Name	Date	Time