



**DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION
EMERGENCY MEDICAL SERVICES AND SYSTEMS
PO BOX 14450
PORTLAND OR 97293-0450
Telephone No. (503) 731-4011 Extension 633**



GROUND AMBULANCE INSPECTION FORM
G Initial G Announced G Unannounced G Reinspection

Agency Name: _____ Date of Inspection: ____/____/____

Vehicle Make: _____ Year of Manufacture: _____ Vehicle Type: _____ Vehicle Mileage: _____

Conversion Manufacturer: _____ Vehicle License #: _____ Ambulance License #: _____

Inspection Codes:

- 1 = Present and in good working order.
- 2 = Item placed on vehicle or repaired 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.

AMBULANCE CONSTRUCTION CRITERIA

Patient Compartment Dimension:

Patient compartment: **G** Did not take measurements.

Length; must be at least 116" (B) and 122" (C) and (D) from the front partition to the inside surface of the rear door at the floor. Actual ____". **G** Pass **G** Fail

Distance; must be at least 25" and not more than 30" of unobstructed space at the head of the primary patient stretcher (measure from backrest of EMT seat to forward edge of stretcher). Actual ____". **G** Pass **G** Fail

Distance; must be at least 10" from the end of the stretcher to the inside surface of the rear door. Actual ____". **G** Pass **G** Fail

Width; must be 18" +/- 6" clear isle way between primary stretcher and squad bench. Actual ____". **G** Pass **G** Fail

Height; must be at least 60". Actual ____". **G** Pass **G** Fail

Doors: **G** Did not take measurements.

- 1 2 3 "Door-Open" warning device
 - Right forward side, must be at least:
 - 30" wide. Actual ____". **G** Pass **G** Fail
 - 42" high for a type II. Actual ____". **G** Pass **G** Fail
 - 54" high for a type I and III. Actual ____". **G** Pass **G** Fail

Rear loading, must be at least:

- 44" wide. Actual ____". **G** Pass **G** Fail
- 46" high. Actual ____". **G** Pass **G** Fail

Between driver and patient compartment for Type II and III, must be at least:

- 17" wide. Actual ____". **G** Pass **G** Fail
- 46" high. Actual ____". **G** Pass **G** Fail
- 150 sq. inches of window Actual ____". **G** Pass **G** Fail
- Locking mechanism on drivers' side of door. **G** Pass **G** Fail

Emblems and Markings

Front:

1 2 3 The word "AMBULANCE" in 4" high blue block letters in mirror image, centered above the grille, on an orange or white background.

1 2 3 "Star of Life" a 3" blue emblem located to both the left and right of the word "AMBULANCE".

Sides:

1 2 3 The word "AMBULANCE" or an approved alternative in 6" high blue block letters on each side.

1 2 3 "Star of Life" 16" blue emblem on each side.

1 2 3 Sign reading: "For Emergencies Call 9-1-1"

Rear:

1 2 3 The word "AMBULANCE" or an approved alternative in 6" high blue block letters.

1 2 3 "Star-of-Life" 12" blue emblem on each rear door.

1 2 3 Sign reading: "For Emergencies Call 9-1-1"

Top:

1 2 3 "Star of Life" in a 32" high blue emblem.

Ambulance Colors:

G White with an orange stripe and blue lettering; or

G Other colors:

Basic: _____

Stripe: _____

Lettering: _____

Ambulance Exterior:

Needs body work: **G** Yes **G** No

Needs painting: **G** Yes **G** No

Cleanliness: **G** Acceptable **G** Not acceptable

Ambulance 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

VEHICLE EQUIPMENT

Audio warning devices:

- 1 2 3 **HORN**, one dual electric.
- 1 2 3 **SIREN**, electronic with two speakers mounted in grille.
Control functions - **G** Manual, **G** Wail and **G** Yelp.
NOTE: "Hi-Lo" sound is not allowed.
- 1 2 3 Backup alert alarm with on/off switch.

Visual warning and lighting devices:

Lighting, Refer to KKK-A-1822B, C or D diagram for Type I, II, and III requirements:

- 1 2 3 **I II III HEAD LAMPS, white with dim/bright switch - 2**
- 1 2 3 I II III Front side marker lamps, amber - 2
- 1 2 3 I II III Front side reflectors, amber - 2
- 1 2 3 I II III Front turn signals, amber (including vehicular hazard warning signal flasher) - 2
- 1 2 3 I III Front identification lamps, amber - 3
- 1 2 3 I III Front clearance lamps, amber - 2
- 1 2 3 I II III Rear side marker lamps, red - 2
- 1 2 3 I II III Rear side reflectors, red - 2
- 1 2 3 I II III Rear reflectors, red - 2
- 1 2 3 I III Rear identification lamps, red - 3
- 1 2 3 I III Rear clearance lamps, red - 2
- 1 2 3 **I II III REAR STOP, tail & turn signal lamp, red (turn signal section may be amber) - 2**
- 1 2 3 I II III Rear backup lamp, white - 1
- 1 2 3 I II III Rear license plate lamp, white - 1
- 1 2 3 I II III Front warning light, red - 1
- 1 2 3 I II III Front warning light, white - 1
- 1 2 3 I II III Rear warning lights, red - 2
- 1 2 3 I II III Rear warning light, amber - 1
- 1 2 3 I II III Side warning lights, red - 2 per side
- 1 2 3 I II III Grille lights, red - 2
- 1 2 3 I II III Intersection lights - 1 per side
- 1 2 3 I II III Side floodlights - 1 per side
- 1 2 3 I II III Rear floodlight - 1
- 1 2 3 I II III Spotlight, hand-held or roof mounted - 1

Shocks, Wheels, Tires and tire changing equipment:

- 1 2 3 **FRONT TIRES, minimum tread of 3/32"(even wear)**
- 1 2 3 **REAR TIRES, minimum tread of 3/32"(even wear)**
- 1 2 3 Spare tire, minimum tread of 3/32" (even wear) **G** N/A
- 1 2 3 Jack with handle
- 1 2 3 Lug wrench
- 1 2 3 Main brakes
- 1 2 3 Parking brake
- 1 2 3 Shock absorbers **G** Front **G** Rear

Windows, mirrors and cleaning equipment:

- 1 2 3 Windshield, # of rock chips _____, # of cracks _____, length of cracks _____
- 1 2 3 **WINDSHIELD WIPER (dual, electric, multi-speed)**
- 1 2 3 Windshield washer
- 1 2 3 Washer fluid level **G** OK **G** Low
- 1 2 3 Windshield defroster
- 1 2 3 Windows (side and rear) # of cracks _____, length of cracks _____
- 1 2 3 Window between driver and patient compartment for type II and III vehicles
- 1 2 3 Outside mirrors; **G** Right side - 1 and **G** Left side - 1

Seat Belts:

- 1 2 3 **DRIVERS' COMPARTMENT - each seat**
- 1 2 3 **PATIENT COMPARTMENT - each seat**

Engine, transmission and electrical system:

- 1 2 3 Engine oil level, **G** OK **G** Low
- 1 2 3 Transmission fluid level, **G** OK **G** Low
- 1 2 3 Fan belts
- 1 2 3 Starter
- 1 2 3 Electrical system, with all lights on, amp meter read (+)
- 1 2 3 Battery system, dual 12 volt system with labeled selector device.
- 1 2 3 Dual batteries located in engine compartment with heat shields.
- 1 2 3 Dual batteries located in ventilated pull-out compartment.

Exhaust system:

- 1 2 3 Muffler(s)
- 1 2 3 Exhaust system
- 1 2 3 Tailpipe(s) discharge to side of ambulance

Heating and cooling systems:

- 1 2 3 Heater-Front
- 1 2 3 **HEATER-REAR**
- 1 2 3 Air conditioner-Front
- 1 2 3 Air conditioner-Rear

Security and Rescue Equipment:

- 1 2 3 **FIRE EXTINGUISHER, 5 lb., type 2A-10BC (must be mounted and be accessible from the patient or drivers' compartment) - 1**
- 1 2 3 Flashlight - 1
- 1 2 3 Batteries: **G** good **G** bad
- 1 2 3 Bulbs: **G** good **G** bad
- 1 2 3 Extra set of dated batteries, exp. date: ____/____/____
- 1 2 3 Road flares or red colored chemical lights = 180 min. or reflective triangles - 6
- 1 2 3 Leather gloves - 2 pair
- 1 2 3 Crowbar, 24" - 1
- 1 2 3 Wrecking bar, 51" - 1
NOTE: A pry-ax type tool may be substituted for the crowbar and wrecking bar.
- 1 2 3 Department of Transportation Emergency Response Guide Book (Initial Response to Hazardous Material Incidents), 1987 or newer, or equivalent - 1

Communication Equipment and Records:

- 1 2 3 **RADIO** **G** VHF **G** UHF **G** 800 MHZ
- G** Other radio frequencies: _____

PATIENT CARE REPORT FORMS:

- 1 2 3 Using the state-approved form
- 1 2 3 Using own designed form that meets the State's criteria
- 1 2 3 Oregon Trauma System's Identification Bracelets - 5
- 1 2 3 Triage tags - 25

Displaying Signs, Licenses & Certificates:

- 1 2 3 "Star of Life" Ambulance 1822B, 1822C or 1822D
Sticker/Decal Location: _____

"NO SMOKING" Signs:

- 1 2 3 Drivers' Compartment
- 1 2 3 Patient Compartment

HEALTH DIVISION AMBULANCE LICENSES:

- 1 2 3 White paper ambulance license.
Location: _____
License # _____ Expiration Date: _____
- 1 2 3 Rear window ambulance license.
License # _____ Expiration Date: _____

PATIENT CARE EQUIPMENT- BLS, ILS and ALS LEVEL OF CARE

Installed Medical Oxygen Equipment:

- 1 2 3 Compartment ventilated to outside.
- 1 2 3 No other equipment stored in cabinet.
- 1 2 3 Tank has at least 3000 liter capacity and contains at least 500 liters.
- 1 2 3 Installed single-stage regulator - 1
- 1 2 3 Pressure regulator controls accessible from inside the patient compartment.
- 1 2 3 Pressure regulator visible from inside the patient compartment, or
- 1 2 3 Digital indicator or other analog type of display mounted on EMT display panel.
- 1 2 3 Oxygen flowmeter, mounted vertically and readable from the EMT seat and squad bench - 2

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

PORTABLE MEDICAL OXYGEN EQUIPMENT:

- 1 2 3 **Tank has at least a 300 liter capacity and contains 150 liters - 1**
- 1 2 3 **Yoke regulator with pressure gauge - 1**
- 1 2 3 **SPARE TANK, at least 300 liter capacity that is full, tagged and sealed - 1.**

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

1 2 3 **ALL OXYGEN TANKS PROPERLY SECURED.**

- 1 2 3 All oxygen 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.

**Medical oxygen administration equipment:
OXYGEN NON OR PARTIAL-REBREATHER MASKS WITH TUBING:**

- 1 2 3 **OXYGEN MASK with tubing, pediatric - 3**
- 1 2 3 **OXYGEN MASK with tubing, adult - 3**
- 1 2 3 Oxygen Nasal Cannulas with tubing, adult - 3
- 1 2 3 Mouth-to-Mask Ventilation Devices that are transparent with one-way valve, adult - 2

SQUEEZE BAG-VALVE-MASKS (each mask must be transparent and semi-rigid)

1 2 3 **NEWBORN/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 H₂O.
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 **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 H₂O.
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 **MASK SIZES, 0, 1, 2, 3, 4, 5 - 1 ea., or**

1 2 3 **Cushion-type mask in infant and child/adult sizes.**

Airway Maintenance Devices:

OROPHARYNGEAL AIRWAYS (PLASTIC OR RUBBER)

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

Suction Equipment:

- 1 2 3 **INSTALLED SUCTION ASPIRATOR** (independent of oxygen supply), with 1000 ml collection bottle - 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 **PORTABLE SUCTION ASPIRATOR (may be either battery, oxygen or manually powered)**

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 **SUCTION CATHETERS (Assorted sizes, neonatal to adult): 5/6, 8, 10, 12, 14, 16, 18 # _____**

1 2 3 Water for rinsing suction units, 8 ounces

Cardiac Monitoring Equipment:

1 2 3 **AUTOMATIC OR SEMI-AUTOMATIC DEFIBRILLATOR - 1**

1 2 3 **PATIENT CABLES - 2, except of cable is hardwired, then one cable is required.**

1 2 3 **DEFIBRILLATOR PRE-GELLED PADS - 3**

1 2 3 **ECG PAPER - 3 rolls, if not a cassette recording device.**

1 2 3 **Audio recording cassettes, 30 minutes - 2 cassettes.**

Stretchers, fasteners and anchorages:

1 2 3 **WHEELED STRETCHER, w/mattress, and three restraining devices (chest, hip and knee) at least 2" with a quick release buckle - 1**

1 2 3 **SIDE OR CENTER stretcher fastener with quick release feature - 1**

1 2 3 Folding stretcher(s) with three restraining devices (chest, hip and knee), at least 2" wide with a quick release buckle. Number required is based on the litter-carrying capacity of the ambulance, number _____.

Fracture Immobilization Equipment:

1 2 3 Traction splint, child - 1

1 2 3 Traction splint, adult - 1, or

1 2 3 Traction splint, child/adult combination, including ankle straps for adult and child - 1

1 2 3 Extremity splints, upper - 3

1 2 3 Extremity splints, lower - 3

EXTRICATION COLLARS (soft foam rubber cervical collars are NOT acceptable):

1 2 3 **Small - 1**

1 2 3 **Medium - 2**

1 2 3 **Large - 1**

1 2 3 Scoop stretcher - 1

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

1 2 3 **LONG BACKBOARD - 1**

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

1 2 3 **HEAD IMMOBILIZERS - 2**

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 - 3 rolls

1 2 3 Bandage shears - 2 (Does not include crews personal equipment)

1 2 3 Rigid eye shields - 2

Miscellaneous 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-2

1 2 3 Urinal, female - 1

1 2 3 Urinal, male - 1

1 2 3 Bed pan - 1

1 2 3 **STETHOSCOPE - 1 adult**

1 2 3 **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/

1 2 3 **ANEROID SPHYGMOMANOMETER, Child Optional**

TEST RESULTS: 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/

1 2 3 **ANEROID SPHYGMOMANOMETER, Infant Optional**

TEST RESULTS: 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 - 15 pair**

1 2 3 **FACE MASKS, disposable - 6**

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(S) for contaminated gloves, masks, etc.**

Medications and fluids authorized for use by EMT-Basics:

- 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: / /

Linens Supplies

- 1 2 3 Pillows with plastic covering - 1 for each stretcher, total #
- 1 2 3 Pillow cases (may be either cloth or paper) - 3
- 1 2 3 Cot sheets (may be either cloth or paper) - 6
- 1 2 3 **BLANKETS - 1 for each stretcher**, total #

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 **SIGNED BY THE MEDICAL DIRECTOR**
 - 1 2 3 **DATED WITHIN THE PAST 12 MONTHS**
Date standing orders were last signed: / /

PATIENT CARE EQUIPMENT - ILS LEVEL OF CARE
G Not applicable for this inspection.

- 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 **DEXTROSE - 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 tablets - 1 bottle or metered sublingual spray - 1 bottle** Exp. date: / /

Vascular Access Devices:

- 1 2 3 **BUTTERFLY DEVICES 23 gauge - 2**
- 1 2 3 **BUTTERFLY DEVICES 25 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 14 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 16 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 18 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 20 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 22 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 24 gauge - 2**
- 1 2 3 **INTRAOSSUEOUS NEEDLE - 2**

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

Name of medical director:

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

PATIENT CARE EQUIPMENT - ALS LEVEL OF CARE
G Not applicable for this inspection.

- 1 2 3 **MONITOR/Defibrillator with Tape Write-out**
- 1 2 3 **ADULT PADDLES - 1**
- 1 2 3 **PATIENT CABLES - 2**
- 1 2 3 **CONTACT GEL - 1 tube, or pre-gelled defib pads - 3**
- 1 2 3 Monitoring electrodes - 12
- 1 2 3 ECG paper - 3 rolls

- 1 2 3 **LARYNGOSCOPE HANDLE - 1**
- 1 2 3 Extra batteries for laryngoscope handle - 2

LARYNGOSCOPE BLADES:

- 1 2 3 **Size 0 - straight - 1**
- 1 2 3 **Size 1 - straight - 1**
- 1 2 3 **Size 2 - straight - 1**
- 1 2 3 **Size 2 - curved - 1**
- 1 2 3 **Size 3 - straight - 1**
- 1 2 3 **Size 3 - curved - 1**
- 1 2 3 **Size 4 - straight - 1**
- 1 2 3 **Size 4 - curved - 1.**
- 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**
- 1 2 3 **BUTTERFLY DEVICES 25 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 14 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 16 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 18 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 20 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 22 gauge - 2**
- 1 2 3 **OVER-THE-NEEDLE CATHETERS 24 gauge - 2**
- 1 2 3 **INTRAOSSUEOUS NEEDLE - 2**

- 1 2 3 **INTRAVENOUS FLUIDS, STERILE, ASSORTED:**
Expiration dates: G good G bad

- 1 2 3 **INTRAVENOUS MEDICATIONS, STERILE, and ASSORTED:** Expiration dates: G good G bad

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.

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

Name of medical director:

-
- 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: / /

- 1 2 3 **ALL DEVICES AND EQUIPMENT NOT STORED IN CABINETS ARE PROPERLY SECURED TO PREVENT ITEMS FROM MOVING ABOUT WHILE THE VEHICLE IS IN MOTION OR IF INVOLVED IN AN ACCIDENT.**

Inspection Finding and Disposition:

*****ADDITIONAL COMMENTS*****

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

Conducted same-day reinspection: **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 VEHICLE 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 completed ambulance inspection form given to the ambulance service representative: **G** Yes **G** No

Copy of the completed ambulance inspection form mailed to the ambulance service. **G** Yes **G** No Date 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: ___/___/___

NOTICE OF IMMEDIATE LICENSE SUSPENSION given to ambulance service representative: **G** Yes **G** No

Ambulance Service Representative:

_____/_____/_____
Signature Date Time

County Health Dept. Representative notified:

_____/_____/_____
Name Date Time

County Ambulance Service Plan Administrator notified:

_____/_____/_____
Name Date Time

Inspection conducted by:

_____/_____/_____
Name Date Time