

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

VEHICLE NUMBER:

ALS Mobile Care and BLS Inspection Checklist

I. GENERAL INFORMATION:

SEND DATE STICKERS Y N

SEND NEW DECALS Y N

Name of Ambulance Service _____ Telephone Number (____) _____

Address _____
(PRIMARY HEADQUARTERS) (CITY) (STATE) (ZIP CODE)

License Plate Number _____ Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____ Mileage _____

Date Inspected _____ Affiliate Number _____

Type of Service BLS ALS Mobile Care Regional EMS Council _____

II. DOCUMENTS:

DOCUMENTS	Present	Deficient	Corrected
Personnel Roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Statements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Requirements...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records Secured.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Director's Agreement .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Displayed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. VEHICLE /EQUIPMENT:

EQUIPMENT	Present and Operating	Deficient	Corrected
Exterior Markings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Warning Signal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lights:.....			
Exterior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Battery System.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Requirements:			
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Area Partition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Hangers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Litter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors (side and rear).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking Signs (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current State Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. MEDICAL SUPPLIES & EQUIPMENT:

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected
Portable Suction (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Catheters:			
Rigid (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible (6).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airways:			
Oropharyngeal Airways (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasopharyngeal Airways (5).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer (Sm, Med, Lg.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Oxygen Unit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Delivery Devices (5).....			
Nasal cannulae (adult/ped. 1 ea.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High concentration masks(ad,inf. Ped)			
(1 each).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket Mask with One-Way Valve (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings:			
Multi-Trauma (10"x 30") (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occlusive (3"x 4") (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Gauze Pads (3"x 3") (25).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Self-Adhering (6 rolls).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive Tape (4 rolls).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immobilization Devices:			
Lateral Cervical Spine Device (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Spine Board (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Spine Board (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid/Semi Rigid neck Immobilizers:			
(Sm. Med., Lg, Ped.) (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag Valve-mask Devices:			
(Adult and Ped.- 1 each).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Equipment Sizing Tape/Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straps 9' (5).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folding Litter (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splinting Devices:			
Traction Splint (adult/child) (1 ea/comb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padded Board Splints (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Water/Normal Saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Burn Sheets (4' x 4") (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs, Chemical (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Packs, Chemical (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular Bandages (8).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile OB Kits (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Supplies & Equipment..... Corrected	Present & Operating	Deficient Operating	
Separate Bulb Syringe (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal Blanket/Sterile Foil (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandage Shears (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillow (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheets (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillow Cases (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Tissues (1 box).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emesis Container (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedpan (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinal (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Drinking Cups (3 oz) (4) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage Tags (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handlight (6 volts or more) (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Warning Device (3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Jump Kit (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Emergency Response Guide (1) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Receptacle (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Glucose - 45 g.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activated Charcoal - 50 g.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AED (for BLS Services).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. ADVANCED LIFE SUPPORT:			
ALS Equipment & Supplies	Present & Operating	Deficient	at Reins.
Sponges/preps/wipes - Alcohol (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal Tubes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 mm or 3.0 mm (2) (uncuffed) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 mm or 4.0 mm (2) (uncuffed) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 mm or 5.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 mm or 6.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5 mm or 7.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 mm or 8.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 mm or 9.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope, Handle w/Batteries (1) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
batteries /bulbs			
Laryngoscope, Blades, Straight			
#1 (1) S.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 (1) or M.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 (1) L.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laryngoscope, Blades, Curved			
#3 (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubrication (2cc) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceps, Magill (adult/ped. 1 ea.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Therapy Supplies:			
Catheters over the needle (intravenous)			
14 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 and 20 gauge (4 each).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 gauge (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Administration Supplies:			
Microdrip (50-60 drops/ml) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro drip (10-20 drops/ml) (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Solutions—2250 ml total.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALS Equipment/Supplies (continued).... Corrected	Present & Operating	Deficient Operating	
Tourniquets for IV Use (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication and Supplies:			
Emergency Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypodermic Needles:			
16-20 gauge -(4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-22 gauge - (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23-25 gauge- (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraosseous Needles			
14-18 gauge (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Receptacle (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator/Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator/Monitor Supplies:			
paddle pads (4) or gel (2 tubes).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electrodes, ECG (Adult/Ped) (6 ea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stylette, Malleable (Adult (1)/Ped (2)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meconium Aspirator (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. ACCESS TOOLS:

ACCESS TOOLS	Present and Operating	Deficient	Corrected
Screwdrivers (1g) (phillips & slotted) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1 ea)			
Pliers:			
Slip Joint		<input type="checkbox"/>	<input type="checkbox"/>
Lineman's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needlenose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arc Joint (Water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sledge Hammer (3lb) (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Cutting Tool (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Pry Bar (12") (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Chisel (7" x 3/4) (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hacksaw w/2 blades.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustable Wrench (10") (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Punch (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Hat (1 per crew member).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (leather) (1 per crew member) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goggles (1 per crew member).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. PERSONAL PROTECTION EQUIPMENT:

PERSONAL PROTECTIVE GEAR (One per responding crew member)	Present and Operating	Deficient	Corrected
Clear Eye Protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gown/Coat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Caps/Foot Coverings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Barrier Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Waste Container.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspected By: _____
(Name)

(Signature)

Date Forwarded to EMS Office _____