

PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Rev 11/98

Voluntary Quick Response Service Program Inspection Checklist

SEND DATE STICKERS YES NO

SEND NEW DECALS YES NO

I. GENERAL INFORMATION:			
NAME OF QUICK RESPONSE SERVICE		() TELEPHONE NUMBER	
ADDRESS (Station Location)	CITY	STATE	ZIP CODE
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL
VEHICLE IDENTIFICATION NUMBER (VIN)	DATE INSPECTED	AFFILIATE NUMBER	
REGIONAL EMS COUNCIL			

II. DOCUMENTS:

DOCUMENTS	Present	Deficient	Corrected at Reinspection
Drivers Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Roster.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scene Control Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. VEHICLE REQUIREMENTS:

EQUIPMENT	Present and Operating	Deficient	Corrected at Reinspection
Audible Warning Signal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Markings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Communication Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEDICAL SUPPLIES & EQUIPMENT:

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected at Reinspection
Portable Suction Unit (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Catheters - Flexible (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airways, Oropharyngeal (6).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer (Sm, Med. Lg.) (1 each).....	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket Mask (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask/Nasal Cannulas (5)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings Occlusive Dressings (3" x 4") (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Self-Adhering Type Bandages (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Gauze Pads (3" x 3") (12)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Univsl. Dressing (10" x 30") (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive Tape (2 rolls).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immobilization Devices Rigid/Semi-rigid Neck Immobilizers (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag-Valve Devices Adult size (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric size (1)	<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"/>
Triangular Bandages (8).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sterile OB Kits (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb Syringe (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEDICAL SUPPLIES & EQUIPMENT:

(continued):

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected at Reinspection
Activated Charcoal (50g).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandage Shears (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage Tags (15).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Glucose (45g).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Jump Kit (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splinting Materials.....	<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"/>

V. INFECTIOUS DISEASE SUPPLIES :

PERSONAL PROTECTIVE GEAR (One per responding crew member)	Present and Operating	Deficient	Corrected at Reinspection
Clear Eye Protection (1 per crew).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Mask (1 per crew).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gown/coat (1 per crew).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical caps/foot coverings (1 per crew).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double barrier gloves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Waste Container per Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspected by: _____
(Print Name)

(Signature)

(Date forwarded to the PA Dept. of Health)