

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
QRS Inspection Checklist**

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: Bucks Mileage: _____

II. DOCUMENTS/POLICIES	PRESENT	DEFICIENT	CORRECTED
Personnel Roster			
Policy Statements - current and posted			
Documentation Requirements			
Patient Records Secured			
Medical Director's Agreement - current			
Recognition Displayed			
Infection Control Plan - current			
General Station Check - No safety issues			
Workers comp Insurance.			
III. VEHICLE/EQUIPMENT	PRESENT & OPERATING	DEFICIENT	CORRECTED
If vehicle - meets PA Vehicle Code 75 PA C.S.			
Current Vehicle Inspection			
Current Vehicle Insurance			
Interior Requirements:			
Storage Cabinets for equipment or otherwise secured			
Bulky Items Secured			
Radio Equipment (meets regional comm. requirements)			
Comm. with PSAP and responding ambulances			
IV. MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Current Version Statewide EMS Protocols			
Portable Suction Unit with wide bore tubing (1) (achieves 300mm/Hg in 4 sec.)			
Suction Catheters: (Sterile)			
Rigid (1)			
French (6 total) (1 each 6 & 8, 2-10 or 12, 2-14 or 16)			
Airways:			
Oropharyngeal (6 different sizes - to include one size 0-1, one 2-3, & one 4-5)			
Nasopharyngeal (5 different sizes - to include one 16-24 Fr. & one 26-34 Fr.)			
Portable O2 cylinder with flow meter 0-25 lpm (1)			
With 300L (D size)			
And non-sparking wrench/tank opening device			
Secured in vehicle at all times			
Spare O2 Cylinder (Full-300L) (1)			
Secured in vehicle at all times			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult & Pediatric- 1 each)			
High Concentration Masks (Adult, Infant and Pediatric- 1 each)			
Pocket Mask with One-Way Valve & O2 port (1)			
Bag Valve Mask Devices-(1)Adult & (1)Pedi (450-700cc) with Adult & Pedi mask			

IV. MEDICAL SUPPLIES/EQUIPMENT (Cont)	PRESENT & OPERATING	DEFICIENT	CORRECTED
Sphygmomanometer			
(Child, Adult & Thigh(Lg)-1 each or interchangeable cuffs)			
Stethoscope (Adult & Pediatric - 1 each)			
Penlight (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 assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Commercial Tourniquet (1)			
Immobilization Devices:			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers (S, M, L, & Pedi.-1 each or Multi -size (3 & 1 Pedi)			
Splinting Devices:			
Upper & Lower Extremity Splints (2 each)			
Sterile Water/Normal Saline- 2 liters			
Cold Packs, Chemical (4)			
Hot Packs, Chemical (4)			
Triangular Bandages (8)			
Sterile OB Kit (1) - must be sealed as a sterile unit			
Separate Bulb Syringe Sterile (1)			
Sterile Burn Sheets (4' x 4') (2)			
Blankets (2)			
Emergency Jump Kit (1)			
Instant Glucose (45 grams-40% dextrose-d-glucose gel)			
Epinephrine Auto-injector, Adult & Pedi (2 each) (opt.- for authorized BLS agencies)			
CPAP Ventilation -portable equipment (opt.- for auth. BLS)			
Pulse Oximetry (opt.- for authorized BLS agencies)			
AED (with 2 pads - Pedi not required)			
V. PERSONAL PROTECTIVE EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
High-visibility safety apparel (1/crew member)			
Helmet (1 per crew member)			
Eye Protection -Goggles (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Ed.			
VII. PERSONAL INFECTION PROTECTION EQ.	PRESENT	DEFICIENT	CORRECTED
Clear Eye Protection*			
Face Mask*			
Gown*			
Surgical Cap/Foot Coverings*			
Double Barrier Gloves*			
Biological Waste Container Per Infection Control Plan			
Fit tested disposable N-95 Respirator			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
* May use a Personal Infection Control Kit(1)set per crew			

Inspected By: _____
(Printed Name)

Signature: _____

Date forwarded to EMS Office: _____