

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
ALS Mobile Care and BLS Inspection Checklist**

PA Decal # _____

veh # _____

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: _____ Mileage: _____

Type of Ambulance: _____ Type of Service: BLS: _____ ALS Mobile Care: _____

II. DOCUMENTS/POLICIES	PRESENT	DEFICIENT	CORRECTED
Personnel Roster			
Staffing Plan			
Policy Statements			
Documentation Requirements			
Patient Records Secured			
Medical Director's Agreement			
License Displayed			
Infection Control Plan			
Workers comp Insurance.			
III. VEHICLE/EQUIPMENT	PRESENT & OPERATING	DEFICIENT	CORRECTED
Exterior Markings			
Audible Warning Signal			
Emergency Lights:			
Exterior			
Interior			
Dual Battery System			
Fire Extinguishers (2) - with annual service tag			
Power Supply			
Current Vehicle Inspection			
Current Vehicle Insurance			
Interior Requirements:			
Floor			
Dimensions			
Patient Area Partition			
Storage Cabinets			
IV Hangers			
Patient Litter			
Doors (side and rear)			
No Smoking Signs (2)			
Fasten Seat Belt Signs (2)			
Radio Equipment (meets Regional Reqrmnts)			
Installed Oxygen (with Humidifier)			
Installed Suction			
Operational Heating/Cooling/Ventilation Equipment			
Bulky Items Secured			

IV. MEDICAL SUPPLIES/EQUIPMENT	PRESENT & OPERATING	DEFICIENT	CORRECTED
Portable Electric Suction (1) 300 mm/Hg/4 seconds.			
Suction Catheters:			
Rigid (2)			
Flexible (6) [6 & 8 (1 ea), 10 or 12 (2), 14 or 16 (2)]			
Airways:			
Oropharyngeal (6)			
Nasopharyngeal (5)			
Lubrication (2cc or larger)sterile, water soluble (2)			
Sphygmomanometer (Sm.,Med.,Large)			
Stethoscopes (1 Adult & 1 Pediatric)			
Penlight (1)			
Portable Oxygen Unit (1) [plus spare tank]			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult/Pediatric- 1 each)			
High Concentration Masks (Adult/Infant/Pediatric - 1 each)			
Pocket Mask with One-Way Valve (w/O2 port)			
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)			
Immobilization Devices:			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers (Sm., Med., Lg., Ped.) (1 each)			
Bag Valve Mask Devices: (Adult and Pediatric- 1 each)			
Pediatric Equipment Sizing Tape/Chart (BLS)			
Straps 9' (5)			
Folding Litter/Collapsible Devidce (1)			
Splinting Devices:			
Traction Splint (Ad/Child-1ea.or Comb)			
Upper & Lower Extremitiy Splints (2 ea)			
Sterile Water/Normal Saline- 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Triangular Bandages (8)			
Sterile OB Kits (2)			
Separate Bulb Syringe (1)			
Thermal Blanket/Sterile Foil (1)			
Sterile Burn Sheets (4' x 4') (2)			
Bandage Shears (1)			
Pillow (1)			
Blankets (2)			
Sheets (4)			
Pillow Cases (2)			
Towels (4)			
Disposable Tissues (1 box)			
Emesis Container (1)			
Bedpan (1)			
Urinal (1)			

IV. MEDICAL SUPPLIES/EQUIPMENT (Cont)	PRESENT & OPERATING	DEFICIENT	CORRECTED
Disposable Drinking Cups (3 oz.) (4)			
Regional Approved Triage Tags (20)			
Handlight (6 volts or more) (2)			
Hazard Warning Device (3)			
Emergency Jump Kit (1)			
DOT Emergency Response Guide (1)			
Thermometer electronic, digital, non tympanic (1)			
Sharps Receptacle (1)			
Instant Glucose (45 grams)			
Epi. Auto-Injector-Adult/Ped (2 ea)** (w/ medical director)			
CPAP - optional for appr BLS services - Req. for ALS			
Pulse Oximetry-optional for approved BLS services**			
AED - optional for approved BLS services**			
Spare Battery for AED			
** For authorized services/not required for licensure			
V. ALS EQUIPMENT/SUPPLIES	PRESENT &	DEFICIENT	CORRECTED
Sponges/Preps/Wipes-Alcohol (10)			
Endotracheal Tubes:			
2.5 mm or 3.0 mm (uncuffed) (2)			
3.5 mm or 4.0 mm (uncuffed) (2)			
4.5 mm or 5.0 mm (2)			
5.5 mm or 6.0 mm (2)			
6.5 mm or 7.0 mm (2)			
7.5 mm or 8.0 mm (2)			
8.5 mm or 9.0 mm (2)			
Non-surgical Alternative/Rescue Airways. Either (2)			
Combitubes (one small and one adult) or (3) King, Sizes #3, #4 and #5			
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Blades:			
Straight # 1,# 2,# 3- (1 each)			
Curved # 3, # 4- (1 each)			
Forceps, Magill (Adult/Pediatric- 1 each)			
Phlebotomy Equipment			
IV Therapy Supplies:			
Catheters Over the Needle:			
14 gauge (4)			
16 gauge (4)			
18 gauge (4)			
20 gauge (4)			
22 gauge (4)			
24 gauge (2)			
IV Administration Supplies:			
Microdrip (50-60 drops/ml) (2)			
Macro drip (10-20 drops/ml) (2)			
IV Solutions (2250 ml total)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Emergency Drugs			
Hypodermic Needles:			
16-20 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Intraosseous (14-18 gauge) (2)			
Syringes			

V. ALS EQUIPMENT/SUPPLIES (cont'd)	PRESENT & OPERATING	DEFICIENT	CORRECTED
Defibrillator/Monitor			
Defibrillator/Monitor Supplies:			
Paddle Pads (4) or gel (2 tubes)			
Electrodes, ECG (Adult/Ped.) (6 each)			
Stylette, Malleable (Adult (1)/Ped.(2)			
Meconium Aspirator (1)			
ET Tube Validation Placement Devices (1ea Ad/Ped)			
Ped. Length-based Drug Dosing/Equip. Szng Tape			
Electronic Wave-form Capnograph			
Glucometer			
VI. OPTIONAL ACCESS TOOLS	PRESENT	DEFICIENT	CORRECTED
Screwdrivers:			
Phillips (1-large)			
Slotted (1-large)			
Pliers:			
Slip Joint (1)			
Lineman's (1)			
Needlenose (1)			
Arc Joint (Water) (1)			
Locking (1)			
Sledge Hammer (3 lbs.) (1)			
Metal Cutting Tool (1)			
Short Pry Bar (12") (1)			
Cold Chisel (7" x 3/4") (1)			
Hacksaw with 2 blades			
Adjustable Wrench (10") (1)			
Center Punch (1)			
VII. PERSONAL PROTECTION EQUIPMENT	PRESENT	DEFICIENT	CORRECTED
ANSI Vest (high-visibility safety apparel) *			
Clear Eye Protection*			
Face Mask*			
Gown/Coat*			
Surgical Cap/Foot Coverings*			
Double Barrier Gloves*			
Biological Waste Container			
N-95 Masks *			
Hand Sanitizer			
* one set/pair per responding crewmember			
Inspected By: _____ (Printed Name)			
Signature: _____			
Date forwarded to EMS Office: _____			