

STATE OF DELAWARE AMBULANCE INSPECTION SHEET

GENERAL
1. Emergency medical supplies that have been removed from their packaging to circumvent the expiration dates will be removed from service/use as non-sterile.
2. Any emergency medical supplies past its expiration date shall be removed from service.
3. Any medical supplies or equipment deemed to be ALS Equipment by OEMS will be removed from the unit.
4. Any medical supplies found to be damaged, yellowed or dirty will be taken out of service.
5. EMTs while on duty must carry their EMT certification card.

VENTILATION AND AIRWAY EQUIPMENT	YES	NO	N/A
1 Fixed oxygen inhalation system (min 500 psi)			
2 size D or E portable oxygen bottles (min 500 psi)			
1 Portable suction apparatus			
1 Fixed suction apparatus			
Bag Valve Mask (1 each Latex Free Adult-Child-Infant)			
Rigid and Flexible suction Catheters. (six different sizes of flexible catheters from 5F to 14F, adult-child and infant) and 2 Rigid Suction Catheters			
1 Set of Oropharyngeal airways (seven sizes including adult, child and infant)			
1 Set of Nasopharyngeal airways with water soluble lubricant (six sizes adult, child)			
4 Adult Non-Rebreathers – Latex Free			
4 Child Non-Rebreathers – Latex Free			
2 Infant Non-Rebreathers – Latex Free			
2 Adult Simple Mask Latex Free (Optional)			
2 Child Simple Mask Latex Free (Optional)			
4 Adult Nasal Cannulas – Latex Free			
4 Child Nasal Cannulas - Latex Free			
NuMask IOM (Optional)			
Pediatric color coded resuscitation tape for age appropriate treatment.			

BANDAGES	YES	NO	N/A
1 Trauma Shears			
5 Adhesive Tape various sizes			
12 Combination Dressings (5"x9")			
24 Sterile Gauze Pads (4"x4")			
8 Roll bandages, self-adhering/cling various sizes			
2 Universal and/or multi-trauma dressings (10"x30")			
2 Elastic ACE (type) bandages			
3 Triangle bandages with minimum of 2 safety pins for each			
2 Latex Free Tourniquets Emergency Medical Tourniquets (such as C-A-T or M-A-T) Tourniquets must be a minimum of at least one inch wide and cannot be comprised of stretchable rubber or elastic.			
2 Packs of Hemostatic clotting sponge agents that are X-ray detectable. Cannot be powder. Clotting agent must be in bandage its self.			
Chest Seal – 2 Sterile Occlusive Dressing 6 x 6 in either direction. Can go larger, but not smaller.			
Multi-Purpose Wound Pressure Bandage .			
2 Eye Gauze Patch, 1 Disposable Drinking Cup.			

INFECTION CONTROL	YES	NO	N/A
2 Biohazard bags			
3 Hepa masks			
12 Eye/Mouth/Nose protection (disposable)			
3 disposable gowns			
12 pairs disposable gloves			
Disinfectant hand wash, commercial antimicrobial (towlette, spray or liquid)			
Disinfectant solution or wipes for cleaning equipment.			

MONITORING AND DEFRILLATION	YES	NO	N/A
1 SAED (Semi-Automatic External Defibrillator)			

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OBSTETRICAL	YES	NO	N/A
2 O.B. kits (sterile) to include – 1 drape sheet, 1 pair of rubber gloves, 1 receiving blanket, 1 bulb aspirator, 2 hand towels, 2 cord clamps or umbilical tape.			
IMMOBILIZATION DEVICES	YES	NO	N/A
Adult & Pediatric splints for 2 arms & 2 legs (inflatable splints, vacuum splints, SAM Splints, or wooden padded boards)			
1 Adult and 1 Pediatric Traction splint or equivalent femur traction splint with all straps			
1 KED or equivalent extraction device with all straps			
2 back boards (1 adult and 1 PEDS Board)with appropriate securing straps attached to board (1 Adult & 1 Pediatric x-ray translucent) NO WOODEN BACKBOARDS-			
3 complete head immobilization devices (Three Dimensional foam head blocks that adhere to spine board by Velcro, locking straps or click and lock head blocks)			
4 Adult & 4 Pediatric sized cervical stabilization devices/extrication collars (may be adjustable)			
1 Flexible stretcher Removed Reeves type			
1 Pelvic Stabilization Device			
MISCELLANEOUS EQUIPMENT	YES	NO	N/A
1 Ambulance Cot with proper latching mechanisms (Minimum of 3 Patient straps – All straps utilized as manufacture intended)			
1 folding stretcher or squad bench (optional)			
1 Stair Chair or Combination Stretcher/chair			
3 Blood Pressure Cuffs All Latex Free (large adult, adult and peds)			
1 Adult Stethoscope Latex Free			
1 Pediatric Stethoscope Latex Free			
2 Towels or similar disposable towels			
2 Blankets			

MISCELLANEOUS EQUIPMENT cont.	YES	NO	N/A
12 Triage Tags shall be tags not ribbons.			
2 Liters of sterile normal saline solution or distilled water for irrigation (any size bottles-totaling 2 liters)			
4 Ice Packs			
4 Hot Packs			
1 Burn Kit w/sterile sheet. The kit can be commercially purchased or self-made and must contain the following items: 1 – 12 x 12, 1 – 20 x 30, 1 – 15 x 20, 1 – 60 x 90 Sterile Burn Sheets, 1 Liter Saline, 2 – Sterile Roll Self-Adhering Gauze Bandages, 2 – 5 x 9, 4 – 4 x 4, 4 – 2 x 2 Gauze Pads and Cloth Tape. No water gel dressing is allowed. Dry dressings only.			
2 Working Pen Lights			
2 Emesis pans or basin			
2 Sets of Sheets			
Glucometer with all required equipment			
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2 Tubes Oral Glucose (Not expired)			
Seat Belt Extender for at least 1 seat (unless seatbelt extends 60 inches)			
1 Pulse Ox/CO- Oximeter			
Class 3 Breakaway Vest for each Crew member to meet the Hwy Safety Transportation Standards.			
Soft Restraint System			
Thermometer – Under the tongue type, ear or forehead type. No rectal thermometer. (See Heat Emergency Protocol).			
COMMUNICATIONS	YES	NO	N/A
Two way, reliable communication between EMT, Dispatcher, and Medical Direction (See SFPC Ambulance Regulation under Communications Requirements			

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INJURY PREVENTION EQUIPMENT	YES	NO	N/A
1 Flashlight			
1 Fire Extinguisher (minimum 5lb ABC dry chemical) Inspected within last 2 years			
1 Set of DOT triangle reflectors			
1 Sharps Container			
1 Child car seat (**see guideline note)			
Personal CO2 Monitor attached to jump bag.			
PASS Tags – 2 per crew member			
20 Copies - Fire Ground Incident Rehab Form			
DOT Book – Emergency Response Guide Book			
<u>OPTIONAL CARE - Maintain packaging and adhere to expiration dates.</u>	YES	NO	N/A
CPAP			
Narcan			
ASA – Aspirin 81 mg.			
Albuterol			
Epi-Pen			
Mark I Kit/Duodote			
Electronic access to the Standing Orders and Protocols			
Odansetron/Zofran			
Diphenhydramine/Benadryl			

VEHICLE INSPECTION	YES	NO	N/A
Tires (acceptable tread) RF _____ RR _____ RIR _____			
LF _____ LR _____ LIR _____			
Glass (No cracks or obstructions)			
Patient Compartment AC/Heater environmental system shall be capable of heating and cooling the patient care area to a warmth of 78 degrees and a cooling to 70 degrees.			
Mirror-operable (adjustable to offer unobstructed field of vision)			
Wipers – operable (do they clear windshield)			
Horn – Operable (manufacture installed)			
License plate (Visible)			
Reflectors and Lenses (Not Cracked)			
Lights operable: turn signals, brake lights, head lights, tail lights, parking lights, clearance lights.			
Hood and latch, door latches (do they operate as designed)			
Body Condition (holes, rust, major damage)			
Warning devices – operable: Emergency lights and sirens			
Vehicle Registration and Insurance Card			
Shock absorbers (excessive bouncing of unit)			
Exhaust System (leaks under vehicle or high CO reading in patient compartment)			
“Unit Identification Number” shall match identification number on unit permit.			

ALL ITEMS LISTED ON THIS FORM MUST OPERATE WITHIN ITS INTENDED FUNCTION

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DO NOT SEND THIS FORM IN WITH THE APPLICATION FOR AMBULANCE PERMIT

****REQUIRED CHILD CAR SEAT GUIDELINES: - REQUIRED**

Provider must have one of the following child restraints;

Convertible child safety seat with weight limits up to at least 65 pounds and a 5 point harness. The child safety seat must meet all Federal Motor Vehicle Safety Seat Standard 213 requirements. The child safety seat must not exceed the disposal date recommended by the manufacturer. If the manufacturer does not specify, the car seat must not be older than 6 years old, as determined by the date of the manufacture sticker located on the restraint; or Captains chair with internal child seat, or Pediatric Ambulance Cot Restraint System capable of securing a pediatric patient to the cot.

Car Seat Expires on _____

Member with unit at time of inspection: _____

Inspector Signature: _____

Last Updated 12/14/18