

STATE OF DELAWARE AMBULANCE INSPECTION SHEET

COMMUNICATIONS	YES	NO	N/A
Two-way, reliable communication between EMT, Dispatcher, and Medical Direction (See SFPC Ambulance Regulation under Communications Requirements.			
Radio test log (Non-Emergency Providers)			
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 (towelette, spray or liquid)			
Disinfectant solution or wipes for cleaning equipment.			
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.			
MONITORING AND DEFBRILLATION	YES	NO	N/A
1 SAED (Semi-Automatic External Defibrillator)			
2 Adult Pads and 1 Pediatric Pad or key.			
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			
1 Adult & 1 Pediatric x-ray translucent back board with appropriate securing straps NO WOODEN BACKBOARDS			

IMMOBILIZATION DEVICES cont.	YES	NO	N/A
Complete head immobilization devices per back board.			
4 Adult & 4 Pediatric sized cervical stabilization devices/extrication collars (may be adjustable)			
1 Flexible stretcher			
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			
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			
1 Pillow Optional			
2 Sets of Sheets			

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MISCELLANEOUS EQUIPMENT cont.	YES	NO	N/A
Glucometer with all required equipment			
2 Tubes Oral Glucose}			
1 Pulse Ox			
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.			
INJURY PREVENTION EQUIPMENT		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 or Pediatric Straps or Captains Chair W/Seat			
Personal CO2 Monitor attached to jump bag.			
PASS Tags – 2 per crew member			
20 Copies - Fire Ground Incident Rehab Form			
DOT Book – Emergency Response Guidebook			
Bariatric Equipment	YES	NO	N/A
Patient compartment large enough to transport patient and crew, and perform care as needed			
Crew assisted loading system, Power lift or Ramps and Cable			
Suspension system capable of safely transporting a patient			
Written policy for safely loading a bariatric patient			
Stretcher			

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, taillights, 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.			
<u>MANDATORY 11/1/2022 - Maintain packaging and adhere to expiration dates.</u>			
<u>Tylenol/Acetaminophen</u>			
CPAP			
Narcan			
ASA Uncoated Aspirin up to 325 Mg			
Albuterol/With Nebulizer Equipment			
Atrovent/Ipratropium			
Epinephrine, draw dose after training or Auto -Injector 1-Adult 1 P.E.D.S.			
Diphenhydramine/Benadryl			
Ondansetron/Zofran			
Optional after training, Aorta Junctional Tourniquet IT Clamp			

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

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

****REQUIRED CHILD RESTRAINT GUIDELINES:**

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 11-1-2022