DIVISION OF PROFESSIONAL STANDARDS

Ambulance Compliance and Equipment Inspection Guidelines

DO NOT SUBMIT THIS INSTRUCTIONAL PAGE WITH AN APPLICATION FOR AN AMBULANCE PERMIT.

GENERAL COMPLIANCE

- Review all applicable Federal KKK Ambulance Specifications and NFPA 1900 requirements.
- All listed equipment, supplies and safety systems must be present, maintained and operate as intended.

CHILD RESTRAINT

- Carry at least one approved pediatric restraint: a convertible seat rated to at least 65 lb with a 5-point harness meeting FMVSS 213, or an integrated captain's-chair/cot restraint.
- Follow the manufacturer's expiration date; if none is specified, the seat may not exceed 6 years from manufacture. Inflatable seats are not accepted.
- Commercial devices must be serviceable, cleanable and intended for the service's cot. Use SFPC-approved devices when approval is required.

EQUIPMENT SECURITY AND PORTABLE BAGS

- Secure all patient-compartment items against becoming collision projectiles. Items under 1 lb do not require individual securing.
- Checklist equipment may be carried in approved portable bags. Multiple medical, trauma and oxygen bags may be used. Portable bag equipment is additional unless specifically permitted.

APPROVAL, CONDITION AND STERILITY

- Items marked SFPC APPROVED must appear on the Commission's approved list or receive approval before service.
- Immediately remove expired, damaged, yellowed, dirty, contaminated or non-sterile supplies. ALS-level equipment may not be carried on a BLS ambulance unless authorized.

PERMIT, CERTIFICATION AND REINSPECTION

- On-duty EMTs, EMRs or other applicable employees must possess current EMS certification – either actual or electronic.
- An out-of-service ambulance may not return until deficiencies are corrected and required Commission reinspection, forms and fees are completed. Never operate without a valid permit.

REGULATION 710 DEFICIENCY CLASSIFICATIONS

CRITICAL - RED	Immediate notice; out of service until corrected and re-inspected.
CAUTIONARY - YELLOW	Immediate notice; correct within 5 working days and obtain Commission validation or unit is out of service.
WATCHFUL - GREEN	Immediate notice; correct at next restocking or shift change.

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INSPECTION RESPONSE AND CLASSIFICATION KEY

Select Yes or No for every item. A No finding follows the row's Regulation 710 classification.

CRITICAL - RED	CAUTIONARY - YELLOW	WATCHFUL - GREEN

BANDAGING / BLEEDING CONTROL

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Trauma shears	W	☐	☐
4	Rolls adhesive tape: 2 - 1 inch and 2 - 2 inch; hypoallergenic	W	☐	☐
12	Combination dressings (5 x 9 inches)	W	☐	☐
24	Sterile gauze pads (4 x 4 inches)	W	☐	☐
8	Self-adhering/cling roll bandages, various sizes	W	☐	☐
2	Universal and/or multi-trauma dressings (10 x 30 inches)	CA	☐	☐
2	Elastic ACE-type bandages **OPTIONAL**	W	☐	☐
2	Triangle bandages	W	☐	☐
2	Wound-pressure bandages (Israeli-type dressing)	W	☐	☐
2	Eye gauze patches	W	☐	☐
1	Box of adhesive bandages	W	☐	☐
4	Arterial tourniquets, such as C-A-T or M-A-T (Tourniquets are at least 1 inch wide and are not stretchable rubber or elastic)	C	☐	☐
2	X-ray-detectable hemostatic clotting-impregnated gauze; agent in bandage, not powder	C	☐	☐
2	Chest seals or sterile occlusive dressings, at least 6 x 6 inches; vented preferred	W	☐	☐

DIAGNOSTIC EQUIPMENT

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Adult stethoscope (may be combined with pediatric stethoscope)	W	☐	☐
1	Pediatric stethoscope or adult/pediatric combination stethoscope	CA	☐	☐
1	Penlight	CA	☐	☐
1	Pulse oximeter, adult and pediatric capable, or RAD-57	W	☐	☐
1	Carbon monoxide monitor (RAD-57) **OPTIONAL**	W	☐	☐
1	Vital-signs monitor **OPTIONAL** **SFPC APPROVED**	W	☐	☐
1	Junctional tourniquet; OEMS-approved device **OPTIONAL**	W	☐	☐
1	Glucometer with in-date strips (at least 5), lancets, 2x2s, alcohol pads and bandages	W	☐	☐
3	BP cuffs with gauge: adult, large adult and child; interchangeable gauge permitted	W	☐	☐

OXYGEN AND DELIVERY EQUIPMENT

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Portable oxygen key	C	☐	☐
1	Portable oxygen regulator with in-line PSI reading, DISS port and required flow capability	C	☐	☐
2	Size D or E portable oxygen cylinders, minimum 500 PSI, in hydrostatic-test date and marked (All oxygen cylinders in the patient compartment are properly secured)	C	☐	☐
1	Fixed oxygen inhalation system, minimum 500 PSI, with accessible in-line regulator and PSI reading (Size H or G cylinder secured with at least 3 straps, in hydrostatic-test date and properly identified)	C	☐	☐
1	Wall-mounted flowmeter capable of at least 15 LPM with dial-down to 2 LPM and required tolerances	C	☐	☐

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VENTILATION AND AIRWAY EQUIPMENT

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Adult BVM with oxygen inlet and reservoir (1000-1200 mL)	C	☐	☐
1	Child BVM with oxygen inlet and reservoir (750 mL)	C	☐	☐
1	Infant BVM with oxygen inlet and reservoir (450-500 mL)	C	☐	☐
4	Transparent BVM masks: adult, child, infant and neonate	C	☐	☐
1	Oropharyngeal airway set, seven sizes, 50-120 mm	W	☐	☐
1	Nasopharyngeal airway set, six sizes, with water-soluble lubricant; pediatric sizes 12, 14, 16 and 18 - carry 3 different sizes	W	☐	☐
4	Adult non-rebreather masks	C	☐	☐
2	Child non-rebreather masks	C	☐	☐
2	Infant non-rebreather masks	C	☐	☐
4	Adult nasal cannulas	C	☐	☐
2	Child nasal cannulas	C	☐	☐
2	Nebulizers	C	☐	☐
2	Adult nebulizer masks	C	☐	☐
2	Pediatric nebulizer masks	C	☐	☐
2	CPAP masks: medium and large **SFPC APPROVED**	C	☐	☐
1	CPAP circuit with in-line nebulizer capability and approved portable-regulator configuration **SFPC APPROVED**	C	☐	☐

PATIENT MOVING / SECURING DEVICES

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Stair chair with appropriate straps	W	☐	☐
1	Flexible stretcher	CA	☐	☐
1	Approved pediatric restraint system **SFPC APPROVED**	C	☐	☐
2	Patient-restraint sets sufficient for four-point restraint	W	☐	☐
1	Ambulance cot with latching mechanisms, at least 3 patient straps and shoulder straps	C	☐	☐

SUCTION DEVICES AND EQUIPMENT

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Onboard suction device: achieves 300 mmHg within 4 seconds, maintains 400 mmHg; accessible gauge, canister and tubing	C	☐	☐
1	Yankauer/rigid suction catheter	C	☐	☐
4	Soft suction catheters: two 6-10 Fr and two 12-18 Fr	C	☐	☐
1	Portable battery suction device: 20-minute battery operation and required pressure performance	C	☐	☐
1	Yankauer/rigid catheter on or in portable suction kit	C	☐	☐

LINEN

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
4	Sheets	W	☐	☐
2	Blankets	W	☐	☐
2	Pillowcases **OPTIONAL**	W	☐	☐
1	Disposable or impervious pillow **OPTIONAL**	W	☐	☐

RECOMMENDED FIRST-IN BAG - OPTIONAL / NONMANDATORY

Multiple bags, including a separate oxygen bag, may be used. Recommended contents:

Clean carrying bag; CO detector; sterile gauze/dressings; self-adhering gauze; arterial tourniquets; triangular bandages; hypoallergenic tape; cold packs; trauma shears; optional compression dressing/chest seals; penlight; adult BP cuff; adult/pediatric stethoscope; adult non-rebreather and nasal cannula (may be in oxygen bag).

DEFIBRILLATION

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Semi-automatic AED	C	☐	☐
2	Adult pads or combination adult/pediatric pads	C	☐	☐
1	Pediatric pads or pediatric-capable key/button	C	☐	☐

IMMOBILIZATION DEVICES

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Adult femur traction splint with straps	W	☐	☐
1	Pediatric femur traction splint with straps	W	☐	☐
1	KED or equivalent extraction device with straps	W	☐	☐
4	Ice packs	W	☐	☐
4	Hot packs	W	☐	☐
1	Orthopedic or scoop stretcher with straps **OPTIONAL**	W	☐	☐
1	Complete head-immobilization device	C	☐	☐
1	Pediatric radiolucent backboard or immobilizer with straps	C	☐	☐
1	Adult radiolucent backboard with straps	C	☐	☐
	Adult and pediatric extremity splints for 2 arms and 2 legs	C	☐	☐
2/2	Adult and pediatric adjustable cervical-stabilization devices	C	☐	☐
1	Pelvic-stabilization device suitable for adult patients	C	☐	☐

MISCELLANEOUS AND INJURY-PREVENTION EQUIPMENT

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Bulb syringe separate from OB kit	CA	☐	☐
12	Triage tags and red/yellow/green/black ribbons	CA	☐	☐
1	Ring cutter	CA	☐	☐
2	Emesis pans or basins	W	☐	☐
1	Current pediatric reference guide **SFPC APPROVED**	W	☐	☐
	Current Delaware BLS Protocols, print or electronic	W	☐	☐
20	Fire Ground Incident Rehab Forms	W	☐	☐
1	Current Emergency Response Guidebook (may be electronic)	CA	☐	☐
1/crew	ANSI traffic-safety reflective vest	W	☐	☐
2	Complete sterile OB kits	W	☐	☐
1	Complete dry-dressing burn kit	W	☐	☐
2 L	Sterile normal saline or distilled water for irrigation	W	☐	☐
1	ABC dry-chemical fire extinguisher, minimum 5 lb, inspected within 2 years	C	☐	☐
1	Full-size flashlight	W	☐	☐
1 set	DOT triangle reflectors	W	☐	☐

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INFECTION CONTROL

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
1	Body-fluid cleanup kit and biohazard disposal bags	W	☐	☐
3	N95 or greater respirators	W	☐	☐
12	Surgical-style face masks	W	☐	☐
12	Disposable face shields	W	☐	☐
3	Fluid-resistant disposable gowns	W	☐	☐
4 boxes	Latex-free gloves: small, medium, large and extra-large	C	☐	☐
	Hand sanitizer or disinfectant hand wash	W	☐	☐
	Disinfectant solution or wipes for equipment	W	☐	☐
1	Mounted or portable sharps container	W	☐	☐

MEDICATIONS - CHECK EXPIRATION DATES

QTY	INSPECTION ITEM / REQUIREMENT	EXP DATE	CLASS	Y	N
2	Oral glucose tubes, 15 g each		C	☐	☐
1	Adult epinephrine 0.3 mg autoinjector or approved draw-up		C	☐	☐
1	Pediatric epinephrine 0.15 mg autoinjector		C	☐	☐
4	Diphenhydramine 12.5 mg/5 mL liquid		C	☐	☐
2	Diphenhydramine 25 mg tablets, individually packaged **OPTIONAL**		C	☐	☐
4	Ondansetron ODT 4 mg tablets		C	☐	☐
4	Albuterol 2.5 mg/3 mL		C	☐	☐
2	Ipratropium bromide 500 mcg/2.5 mL		C	☐	☐
2	Acetaminophen 500 mg tablets, individually packaged		C	☐	☐
4	Acetaminophen 160 mg/5 mL liquid		C	☐	☐
4	Chewable aspirin 81 mg or 1 bottle		C	☐	☐
2	Naloxone, maximum 2 mg dose; atomization/aerosolization capable		C	☐	☐

COMMUNICATIONS

QTY	INSPECTION ITEM / REQUIREMENT	CLASS	Y	N
—	Reliable two-way communication among EMT, dispatcher and medical direction	C	☐	☐
—	Radio-test log for nonemergency provider	W	☐	☐

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VEHICLE INSPECTION				
QTY	**INSPECTION ITEM / REQUIREMENT**	**CLASS**	**Y**	**N**
—	Tires have acceptable tread and condition; tire size: _____	C	☐	☐
1	Tire-pressure gauge/reader present and operational	CA	☐	☐
—	Glass has no cracks or obstructions	CA	☐	☐
—	Mirrors are operational, adjustable and unobstructed	CA	☐	☐
—	Windshield wipers operate effectively	W	☐	☐
—	Manufacturer-installed horn operates	CA	☐	☐
—	License plate is visible	W	☐	☐
—	Reflectors and lenses are undamaged	CA	☐	☐
—	All required exterior lights operate	C	☐	☐
—	Hood, hood latches and door latches operate	C	☐	☐
—	Body condition is serviceable; no unsafe holes, rust or major damage	CA	☐	☐
—	Emergency lights and sirens operate	C	☐	☐
—	Registration and insurance card present	C	☐	☐
—	Shock absorbers are serviceable	CA	☐	☐
—	Exhaust has no leaks or elevated patient-compartment CO	C	☐	☐
—	Unit number matches permit	CA	☐	☐
—	No Smoking - Oxygen Equipped signage present	CA	☐	☐
—	Patient-compartment heating and cooling meet requirements	CA	☐	☐
—	Federal KKK placard present and legible	CA	☐	☐
—	NFPA 1900 placard present and legible	CA	☐	☐
—	Required reflective striping present and serviceable	CA	☐	☐
—	Permit sticker placement	CA	☐	☐
—	All patient-compartment equipment is secured	W	☐	☐

FINAL INSPECTION REVIEW, DEFICIENCY LOG AND SIGN-OFF

OVERALL OUTCOME

☐ Pass ☐ Pass with Watchful deficiencies ☐ Cautionary - correct within 5 working days ☐ Out of Service - Critical ☐ Out of Service - overdue Cautionary ☐ Reinspection required

CONSOLIDATED DEFICIENCY LOG

Item Ref.	Class	Finding / Required Action	Notice Date/Time	Due / Corrected	Validated By

OUT-OF-SERVICE / REINSPECTION AND SIGN-OFF

OUT-OF-SERVICE DATE / TIME Enter information	**PROVIDER REPRESENTATIVE NOTIFIED** Enter information	**REASON / ORDER** Enter information	**UNIT LOCATION** Enter information
REINSPECTION APPLICATION / FEE Enter information	**REINSPECTION DATE** Enter information	**RETURN-TO-SERVICE DATE / TIME** Enter information	**AUTHORIZING REPRESENTATIVE** Enter information
INSPECTOR PRINTED NAME / SIGNATURE Enter information	**INSPECTOR DATE / TIME** Enter information	**PROVIDER REPRESENTATIVE NAME / SIGNATURE** Enter information	**PROVIDER DATE / TIME** Enter information
CORRECTIVE ACTION DUE DATE Enter information	**COMMENTS / REFUSAL TO SIGN** Enter information	**VALIDATION METHOD** Enter information	**REINSPECTION REQUIRED** Enter information

Provider signature confirms receipt of findings and does not necessarily indicate agreement.