

SD EMS AMBULANCE INSPECTION FORM: GROUND SERVICE

Ambulance Service: _____ Town: _____

Person in charge: _____ Non-emergency Business Phone Number _____

Patient Care Equipment: Airway and Ventilation

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|---|--|---|
| <input type="checkbox"/> Portable & fixed oxygen equipment | <input type="checkbox"/> Nasal cannulas (adult) | <input type="checkbox"/> Nonrebreather masks (adult, child, infant) |
| <input type="checkbox"/> Minimum 1 hour oxygen supply | <input type="checkbox"/> Nasal airways (adult) | <input type="checkbox"/> BagValveMask device (adult, child, infant) |
| <input type="checkbox"/> Portable & fixed suction equipment | <input type="checkbox"/> Oral airways (adult, child, infant) | <input type="checkbox"/> Pocket mask with oxygen port |
| <input type="checkbox"/> Rigid suction catheters | <input type="checkbox"/> Tongue depressors | <input type="checkbox"/> Water soluble lubricant |
| <input type="checkbox"/> Flexible suction catheters(5)(6-14F) | <input type="checkbox"/> Wide bore tubing | |

Patient Care Equipment: Cardiac

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|---|---|
| <input type="checkbox"/> Automatic External Defibrillator (1) | <input type="checkbox"/> Extra Supplies (pads, razor, etc.) |
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Patient Care Equipment: Orthopedic & Transport

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|---|--|
| <input type="checkbox"/> Rigid extrication collars (infant, child, adult) | <input type="checkbox"/> Long & short spine boards with accessories (infant, child, adult) |
| <input type="checkbox"/> Splints (2) for upper/lower extremities (child, adult) | <input type="checkbox"/> Lower extremity traction splint with supports |
| <input type="checkbox"/> Stair or carry chair | <input type="checkbox"/> Portable folding type stretcher with straps |
| <input type="checkbox"/> Adjustable wheeled cot | |

Patient Care Equipment: Bandages & Dressings

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|--|---|---|
| <input type="checkbox"/> Sterile gauze pads (12--4x4) | <input type="checkbox"/> Universal dressings 10"x 36" | <input type="checkbox"/> Soft roller self-adhering bandages |
| <input type="checkbox"/> 4" gauze rolls (12) | <input type="checkbox"/> Roll adhesive tape (2) | <input type="checkbox"/> Occlusive dressing or equivalent |
| <input type="checkbox"/> ABD(5x9)dressing or equivalent (12) | <input type="checkbox"/> Elastic bandages | <input type="checkbox"/> Band Aids |
| <input type="checkbox"/> Bandage shears | <input type="checkbox"/> Burn sheets (2) | <input type="checkbox"/> Triangular bandages (2) |

Patient Care Equipment: Obstetrical

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|---|--------------------------------------|---|
| <input type="checkbox"/> Sterile OB kit | <input type="checkbox"/> APGAR chart | <input type="checkbox"/> Thermal absorbent blanket & head cover |
|---|--------------------------------------|---|

Patient Care Equipment: Examination

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| <input type="checkbox"/> Sphygmomanometer (adult, child, infant) | <input type="checkbox"/> Stethoscope (adult, pediatric) | <input type="checkbox"/> Penlight |
| <input type="checkbox"/> Thermometer with low temp capability | <input type="checkbox"/> Glasgow Coma Scale reference | <input type="checkbox"/> Pediatric trauma score reference |
| <input type="checkbox"/> Pediatric vital signs reference | | |

Patient Care Equipment: Infection Control

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| <input type="checkbox"/> Eye and face protection | <input type="checkbox"/> HEPA mask | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Jumpsuits or gowns | <input type="checkbox"/> Antimicrobial hand wash | <input type="checkbox"/> Cleaning disinfectant |
| <input type="checkbox"/> Sharps container | <input type="checkbox"/> Trash bags | <input type="checkbox"/> Biohazard bags |

Patient Care Equipment: Miscellaneous

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|--|---|---|
| <input type="checkbox"/> Emesis basin or convenience bag | <input type="checkbox"/> Cold Packs (6) | <input type="checkbox"/> 1 qt. bottles/bags saline or water (6) |
| <input type="checkbox"/> Towels (6) | <input type="checkbox"/> Hot packs | <input type="checkbox"/> Linen or paper sheets (4) |
| <input type="checkbox"/> Pillows (2) | <input type="checkbox"/> Blankets (4) | <input type="checkbox"/> Bedpan |
| <input type="checkbox"/> Urinal | <input type="checkbox"/> Triage tags | <input type="checkbox"/> Heavy duty shears |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Activated charcoal | <input type="checkbox"/> Current edition BLS protocol manual |

Ambulance Equipment: General

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|--|---|--|
| <input type="checkbox"/> Adequate lighting (min. 50 ft. candles) | <input type="checkbox"/> Appropriate restraints (seatbelts, airbag, etc.) | <input type="checkbox"/> Flashlight (2) |
| <input type="checkbox"/> Fire Extinguisher (5lb BC or ABC) | <input type="checkbox"/> No Smoking Signs (front & rear compartments) | <input type="checkbox"/> Emergency Response Book |
| <input type="checkbox"/> Communication devices (digital radio, cell phone) | <input type="checkbox"/> Traffic signaling devices (flares or reflectors) | |

The following equipment should be placed in the ambulance or immediately available from other source.

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| <input type="checkbox"/> Crescent wrench (1) | <input type="checkbox"/> Screwdriver (Phillips & flat head) | <input type="checkbox"/> Vise grip pliers | <input type="checkbox"/> 16 ounce hammer (1) |
| <input type="checkbox"/> Bolt cutter (1) | <input type="checkbox"/> 4 ton capacity hydraulic jack or spreader tool | <input type="checkbox"/> Fire ax, crow bar, or wrecking bar (1) | |

Mileage: _____ Ambulance License number: _____ Ambulance VIN: _____

Local Representative: _____ Date: _____

State Inspector: _____ Date: _____