

## SD EMS PROGRAM AMBULANCE INSPECTION FORM: GROUND SERVICE

| Ambulance VIN:                                    |            | Date: Mileage:                                    | Amb Rep:<br>Inspector:  |
|---|------------|---|---|
|   |            |   |   |
| Airway & Ventilation                              |            | Examination Equipment                             | Immobilization Devices  |
| ☐ BVM (adult, child, infant)                      |            | ☐ Gloves (disposable hypoallergenic)              | ☐ Ambulance cot with mattress   |
| $\square$ Lubricant-water soluble                 |            | ☐ Pen light                                       | ☐ Cervical collars (adult & pediatric)  |
| $\square$ Masks-Partial or NRB (adult, child,     |            | ☐ Sphygmomanometer                                | $\square$ Immobilization-upper & lower  |
| infant)   |            | (adult, child, infant)                            | extremity (adult & pediatric)   |
| ☐ Nasal cannulas (adult, pediatric)               |            | $\square$ Stethoscope (adult, pediatric)          | $\square$ Head immobilization device  |
| ☐ Nasopharyngeal sizes 16F-34F                    |            | ☐ Thermometer                                     | $\square$ Pediatric immobilization device   |
| $\square$ O2 equip (1 hr supply) portable & fixed |            |   | $\square$ Short immobilization device   |
| ☐ O2 tubing                                       |            | Equipment-Miscellaneous                           | $\square$ Spine board with 3 straps   |
| ☐ Oropharyngeal Size 0-5                          |            | ☐ Bedpan (disposable)                             | _   |
| (adult, child, infant)                            |            | ☐ Blankets  | Infection Control Equipment   |
| $\square$ Rigid pharyngeal curved suction tip     |            | ☐ Emesis basin/convenience bag                    | ☐ Bio-hazard bags   |
| $\square$ Suction devices – portable & fixed      |            | ☐ Flashlights                                     | ☐ Disinfectant for cleaning   |
| (battery & manual with portable)                  |            |   |   |
| $\square$ Supraglottic airway device              |            | ☐ Hot packs & Cold packs ☐ Linen/paper sheets     | <ul><li>☐ Eye &amp; face protections</li><li>☐ Gown/jumpsuits (fluid-resistant)</li></ul> |
| Туре:   |            | ☐ Pillows   | ☐ Hand wash - Antimicrobial   |
| $\square$ Tongue depressors                       |            | ☐ Pillows ☐ Shears - Heavy duty                   | ☐ Masks - HEPA  |
| ☐ Tubing – Wide bore                              |            |   |   |
| Bandage & Hemorrhage Control Supplies             |            | ☐ Sterile saline solution/sterile water           | ☐ Sharps container  |
|   |            | ☐ Towels  | $\square$ Trash bags  |
| 1" 8. 2" adhosiyo Tano                            |            | ☐ Triage tags                                     | Medications   |
| 1" & 2" adhesive Tape                             |            | ☐ Urinal (disposable)                             |   |
| 1" & 2" hypoallergenic Tape                       |            | Equipment-Nonmedical                              | $\square$ Aspirin - adult 81 mg/baby aspirin  |
| ☐ Burn sheets commercial & sterilize              |            |   | ☐ Glucose   |
| ☐ Dressings - abdominal                           |            | $\square$ Emergency response handbook             | ☐ Oxygen  |
| ☐ Dressings – occlusive or equivalent             |            | $\square$ Fire extinguisher                       | $\square$ Anaphylaxis medication  |
| ☐ Dressings – multi-trauma                        |            | $\square$ Restraints/Seatbelts                    | (recommended)   |
| ☐ Gauze pads                                      |            | $\square$ "No Smoking" signs-front & back         | $\square$ Opioid antagonist (recommended)   |
| ☐ Gauze rolls                                     |            | $\square$ Warning devices mark road hazards       |   |
| ☐ Tourniquets – arterial                          |            | (flares or reflectors)                            | Obstetric kit   |
| ☐ Triangular bandages                             |            | $\square$ Available with Local fire department OR | $\Box$ OB Kit – 1) towels; 2) bulb suction;   |
| Caudiaa   |            | ☐1 – crescent wrench                              | 3) sterile pads/dressings; 4) plastic   |
| <u>Cardiac</u>                                    |            | $\Box$ 1 – flat head screwdriver                  | bags/basin; 5) cord clamps/tape/ties;   |
| ☐ AED (adult & pediatric capa                     | abilities) | ☐1 – Phillips screwdriver                         | 6) sterile scissors/scalpel; 7) sterile gloves; 8)  |
| ☐ AED pads (adult & pediatri                      |            | ☐1 – vise-grip pliers                             | thermal blanket & head cover; 9) APGAR chart.   |
| Type:   |            | $\Box$ 1 – 16 oz hammer                           | Deference Meterial  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |            | $\Box$ 1 – fire axe, crow or wrecking bar         | References Material   |
| Communication Equipment                           |            | $\Box$ 1 – bolt cutter                            | ☐ Glasgow coma scale reference  |
|   |            | ☐1 – hydraulic jack/spreader tool                 | ☐ Pediatric drug dosing/equipment tape  |
| ☐ Cell phone (recommended)                        |            | Comments:   | ☐ Pediatric & adult patient care  |
| ☐ Two-way radio                                   |            |   | guidelines  |
| Poplasing a Vehicle:                              | ]Voc       |   | ☐ Pediatric trauma score reference  |
| Replacing a Vehicle: □No □Yes  Vehicle Info:      |            |   | ☐ Pediatric vital signs card  |
| venicle iiii0:                                    |            |   | ☐ Trauma team activation criteria   |
| Ambulance Representative:                         |            |   | Date:   |
| •   |            |   |   |
| State Representative:                             |            |   | Date:   |