

<b>BUREAU OF EMERGENCY MEDICAL SERVICES</b>		<b>ALS Mobile Care and BLS Inspection Checklist</b>		PA Decal # _____
				Veh # _____
<b>I. GENERAL INFORMATION:</b>		<b>Date Stickers:</b>	<b>Yes:</b> _____	<b>No:</b> _____
		<b>Decals:</b>	<b>Yes:</b> _____	<b>No:</b> _____
Name of Ambulance Service: _____				
Address: _____				
		(Primary Headquarters)	City	State
		Zip		
License Plate # : _____		Year: _____	Make: _____	Model: _____
Vehicle Identification # (VIN): _____				
Date Inspected: _____		Affiliate # : _____		
<b>Regional EMS Council: Phila. Reg. EMS (14)</b>		Mileage: _____		
Type of Service		BLS: _____	ALS Mobile Care: _____	
<b>II. DOCUMENTS/POLICIES</b>		<b>PRESENT</b>	<b>DEFICIENT</b>	<b>CORRECTED</b>
Personnel Roster				
Staffing Plan				
Policy Statements				
Documentation Requirements				
Patient Records Secured				
Medical Director's Agreement				
License Displayed				
Infection Control Plan				
Proof of Workmen's Comp. Ins.				
General Station Check				
Statewide EMS Protocols - Current Version				
<b>III. VEHICLE/EQUIPMENT</b>		<b>PRESENT &amp; OPERATING</b>	<b>DEFICIENT</b>	<b>CORRECTED</b>
Exterior Markings				
Audible Warning Signal				
Emergency Lights:				
Exterior				
Interior				
Dual Battery System				
Fire Extinguisher - annual service tag (2 req. by 1/1/2011)				
Power Supply				
Current Vehicle Inspection				
Current Vehicle Insurance				
Interior Requirements:				
Floor				
Dimensions				
Patient Area Partition				
IV Hangers				
Patient Litter				
Doors (side and rear)				
No Smoking Signs (2)				
Fasten Seat Belt Signs (2)				
Radio Equipment (meets Regional Reqrmnts)				
Installed Oxygen (with Humidifier bottle)				
Installed Suction				
Storage Cabinets				
Operational Heating/Cooling/Ventilation Equipment				
Comercial Tourniquet				

IV. MEDICAL SUPPLIES/EQUIPMENT	PRESENT & OPERATING	DEFICIENT	CORRECTED
Portable Suction (1)			
Suction Catheters:			
Rigid (2)			
Flexible (6) [6 & 8 (1 ea), 10 or 12 (2), 14 or 16 (2)]			
Airways:			
Oropharyngeal (6)			
Nasopharyngeal (5)			
Lubrication (2cc or larger)sterile, water soluble (2)			
Sphygmomanometer (Sm.,Med.,Large)			
Stethoscopes (1 Adult & 1 Pediatric)			
Penlight (1)			
Portable Oxygen Unit (1) [plus spare tank]			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult/Pediatric- 1 each)			
High Concentration Masks (Adult/Infant/Pediatric - 1 each)			
Pocket Mask with One-Way Valve (w/O2 port)			
Dressings:			
Multi-Trauma (10" x 30" ) (4)			
Occlusive ( 3" x 4" ) (4)			
Sterile Gauze Pads ( 3" x 3" ) (25)			
Soft Self Adhering ( 6 rolls )			
Adhesive Tape ( 4 rolls assorted)			
Immobilization Devices:			
Lateral Cervical Spine Device (1)			
Long Spine Board (1)			
Short Spine Board (1)			
Rigid/Semi Rigid Neck Immobilizers (Sm., Med., Lg., Ped.) (1 each) [or 3 multi-size]			
Bag Valve Mask Devices:			
(Adult and Pediatric- 1 each)			
Pediatric Equipment Sizing Tape/Chart (BLS)			
Straps 9' (5)			
Folding Litter/Collapsible Device (1)			
Splinting Devices:			
Traction Splint ( Ad/Child-1ea.or Comb)			
Upper & Lower Extremity Splints (2 ea)			
Sterile Water/Normal Saline - 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Triangular Bandages (8)			
Sterile OB Kits (2)			
Separate Bulb Syringe (1)			
Sterile Thermal Blanket [Silver Swaddler] or Sterile Foil (1)			
Sterile Burn Sheets (4' x 4') (2)			
Bandage Shears (1)			
Pillow (1)			
Blankets (2)			
Sheets (4)			
Pillow Cases (2)			
Towels (4)			
Disposable Tissues (1 box)			
Emesis Container (1)			
Bedpan (1)			
Urinal (1)			

