

Pennsylvania Department of Health  
Bureau of EMS  
Squad Inspection Checklist and  
Deficiency Notification (if required)

Name of EMS Agency:				
Dominant Lettering (as displayed on EMS unit):				
License Plate # :		Year:		
Vehicle Identification # (VIN):		Make:		
		Model:		
Vehicle Level of Service:		Unit Number (if applicable):		
Date Inspected:		<b>Deficiency Key*:</b> <b>B = Broken</b> <b>E = Expired</b> <b>M+# = Missing</b> - # indicates how many items are missing (Ex. M1) <b>O = Other</b> - include a note if using other		
Regional EMS Council:				
Name of Inspector(s):				
<b>Critical Criteria for Out-of-Service (OOS) consideration (non-inclusive list) - Contact BEMS to place vehicle OOS</b>				
<b>Vehicle</b>	<b>VERIFIED</b>	<b>DEFICIENT*</b>	<b>CORRECTED</b>	<b>NOTES</b>
<b>Current Pennsylvania Vehicle Safety Inspection</b>				
<b>Current Vehicle Insurance - digital copy is acceptable, if on tablet or computer that remains in vehicle</b>				
<b>Current Vehicle Registration - digital copy is acceptable, if on tablet or computer that remains in vehicle</b>				
<b>General Vehicle Safety Concerns</b>				
<b>Exterior Markings</b>				
"EMS Squad", "Paramedic", "ALS Squad", "BLS Squad" or "Paramedic Rescue" in mirrored images 4 inches or higher centered above grill and on the rear of the vehicle				
Star of Life (3 inches or higher):				
One (1) on right and left exterior sides				
Two (2) on the front				
Two (2) on the rear				
Legal Name or registered fictitious name in 3"+ letters on right and left exterior sides				
DOH licensure decals on right and left exterior sides				
Audible Warning Signal				
<b>Lights</b>				
<b>Exterior Lights (Chapter 45 - Title 75 §4571(a), (b)(3), (3.2))</b>				
<b>Permitted:</b> 1 or more revolving or flashing red lights; flashing red lights in reverse lamp assemblies; flashing headlamps, flashing or revolving white or clear lights, steady burning lights, traffic-control emergency directional lights, amber lights and intersection lights				
<b>Not permitted:</b> combination red & blue lights; flashing or revolving lights mounted internally (with the exception of fire based agencies)				
Fire Extinguisher (1) (5# ABC dry chem or CO2)				
Ability to secure all bulky items when vehicle is in motion				
No Smoking/Oxygen Equipped Sign - in cab of vehicle (1)				
Fasten Seat Belts Signs - in cab of vehicle (1)				
<b>Radio Equipment (meets regional communication requirements)</b>				

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Interior	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>BLS EQUIPMENT</b>				
Current Version of Statewide EMS Protocols - digital copy is acceptable, if on tablet or computer that remains in vehicle				
<b>Portable Suction Unit (1) (300mm/Hg in 4 sec.)</b>				
<b>Results:</b>				
Suction Catheters (sterile):				
Rigid (2)				
6 Fr. Suction Catheter (1)				
8 Fr. Suction Catheter (1)				
10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2)				
14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2)				
Oropharyngeal airways (6 different sizes)				
Size 0 (1)				
Size 1 (1)				
Size 2 (1)				
Size 3 (1)				
Size 4 (1)				
Size 5 (1)				
Nasopharyngeal (5 different sizes)				
Size 16 (1)				
Size 24 (1)				
Size 26 (1)				
Size 32 (1)				
Size 34 (1)				
Lubrication (2cc or larger tube, sterile water soluble) (2)				
<b>Non-Sparking wrench/tank opening device (1)</b>				
<b>Portable Oxygen with a minimum tank capacity of 300 liters and minimum of 500 PSI (1)</b>				
<b>Full spare O2 cylinder with a 300 Liters capacity (1)</b>				
Portable O2 cylinders secured in vehicle				
Adult nasal cannula (1)				
Pediatric nasal cannula (1)				
Adult high concentration mask (1)				
Pediatric high concentration mask (1)				
Infant high concentration mask (1)				
Adult Bag-Valve-Mask device (700cc) (1)				
Adult mask (1)				
Pediatric Bag-Valve-Mask device (450cc) (1)				
Child mask (1)				
Infant mask (1)				
Neonatal mask (1)				

Pennsylvania Department of Health  
 Bureau of EMS  
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Sphygmomanometer (interchangeable gauges are permitted)				
Child cuff (1)				
Adult cuff (1)				
Thigh (large) cuff (1)				
Adult stethoscope (1)				
Pediatric stethoscope (1) OR (1) double bell with adult and pediatric bell				
Penlight (1)				
Multi-Trauma (10" x 30") (4)				
Occlusive ( 3" x 4") (4)				
Sterile Gauze Pads (4" x 4") (25)				
Soft self-adhering (6 rolls)				
Sterile burn sheets (4' x 4') (2)				
Triangular bandages (8)				
Adhesive tape (4 rolls assorted, 1 must be hypoallergenic)				
Bandage shears (1)				
Commercial "Tactical" tourniquet (2)				
Neck Immobilizers				
Small or multi-size				
Medium or multi-size				
Large or multi-size				
Pediatric				
Sterile water/Normal saline - 2 Liters				
Cold packs, chemical (4)				
Heat packs, chemical (4)				
Sterile OB kit (2)				
Separate bulb syringe, sterile (1)				
Thermal blanket/silver swaddle OR roll of sterile aluminum foil (1)				
Blankets (2)				
Pulse oximetry (1)				
Emergency jump kit (1)				
<b>Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute)</b>				
<b>Aspirin, oral</b>				
<b>AED - dual function adult/pediatric AED acceptable</b>				
<b>Adult defibrillator pads (1)</b>				
<b>Pediatric defibrillator pads (1)</b>				
Alcohol prep pad (10)				
Thermometer, electronic digital non-tympanic (1)				

Pennsylvania Department of Health  
 Bureau of EMS  
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	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Hand light (2)				
Road-hazard warning device (3) (flares, safety triangles, etc)				
Regional approved triage tags (20)				
Current Emergency Response Guidebook-digital acceptable, if it remains with vehicle				
<b>Personal Protection Equipment (1 per crew member)</b>				
Helmet				
Eye protection				
Gloves				
<b>Personal Infection Control (1 per crew member)</b>				
Eye protection - clear & disposable				
Gown/coat				
Surgical cap/foot coverings				
Exam gloves				
N-95 respirator mask				
Red bags, per infection control plan				
Hand disinfectant/cleaner, non-water (1 container)				
<b>BLS Optional Equipment per PA Protocols</b>				
12-lead monitor with transmit capabilities (as authorized and credentialed by agency medical director)				
Activated charcoal				
CO Monitor (as authorized and credentialed by agency medical director)				
CPAP Ventilation - portable equipment with (2) disposable masks (as authorized and credentialed by agency medical director)				
Electronic Glucose Meter (1) (as authorized and credentialed by agency medical director)				
Auto Injector, Adult (1)				
Auto Injector, Pediatric (1) <b>OR</b>				
<b>"Check and Inject Kit" - must be in specially marked kit/case (as authorized and credentialed by agency medical director and verified by the regional EMS council)</b>				
Two (2) 1 mg/mL vials				
Five (5) alcohol prep pads				
Two (2) sterile needles				
Two (2) Sterile Syringes marked only for dose of 0.15mg or 0.3mg				
<b>OR</b> for glass ampules				
Two (2) sterile filter needles or straws				
Gauze or Commerical Shielding				
Glucagon Nasal Powder Spray or Autoinjector (as authorized and credentialed by agency medical director)				
Hemostatic Agent (approved by the agency medical director)				
Naloxone - Intranasal or Autoinjector (as authorized and credentialed by agency medical director)				
Nebulized Bronchodilators (as authorized and credentialed by agency medical director)				

Pennsylvania Department of Health  
 Bureau of EMS  
 Squad Inspection Checklist and  
 Deficiency Notification (if required)

<b>Intermediate Advanced Life Support</b>				
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Pediatric equipment/dosing sizing tape, current (1)				
CPAP ventilation - portable equipment with (2) disposable masks				
Non-surgical alternative/rescue airways - either (3) King LT (size 3,4,5) <b>OR</b> (2) Combitube (37Fr and 41Fr) <b>OR</b> (3) i-gel (size 3, 4, 5)				
Nebulizer system (1)				
Electronic Glucose Meter (1)				
IV Therapy Supplies				
Catheters Over the Needle:				
14 gauge (4)				
16 gauge (4)				
18 gauge (4)				
20 gauge (4)				
22 gauge (4)				
24 gauge (2)				
IV Administration Supplies				
Macro drip (10-20 drops/ml) (2)				
Tourniquets for IV use (2)				
IV solutions (2,000 ml total) per statewide protocols				
Hypodermic Needles and Syringes (sterile & individually wrapped)				
16-18 gauge (4)				
20-22 gauge (4)				
23-25 gauge (4)				
Syringes (2 with at least one being 1 mL volume)				
Intraosseous Needles (pediatric, adult, large adult)				
<b>Medications and Supplies</b>				
<b>Bronchodilators (Albuterol, Albuterol Ipratropium Bromide or Levalbuterol) - 1 type must be carried</b>				
<b>Dextrose (concentration between 10% - 50%)</b>				
<b>Epinephrine HC1 1 mg- vial or ampule</b>				
<b>Naloxone</b>				
<b>Nitroglycerine-Sublingual</b>				
<b>Defibrillator/Monitor</b>				
<b>12 Lead capable, immediate transmit capabilities &amp; paper printout</b>				
<b>Adult Defibrillator Pads (1)</b>				
<b>Pediatric Defibrillator Pads (1)</b>				
Electrodes, ECG (Adult) (12)				
Electrodes, ECG (Pediatric) (12)				

Pennsylvania Department of Health  
 Bureau of EMS  
 Squad Inspection Checklist and  
 Deficiency Notification (if required)

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AED (required if unable to utilize defibrillator mode on monitor) (IALS only);Dual function adult/pediatric AED is acceptable				
<b>Optional IALS Medications per PA Protocols</b>				
<i>Acetaminophen</i>				
<i>DiphenhydrAMINE HCl</i>				
<i>EPINEPHrine HCl .1mg vial or ampule</i>				
<i>Ibuprofen</i>				
<i>Ketorolac</i>				
<i>methyIPREDNISolone</i>				
<i>Nitrous Oxide</i>				
<i>Ondansetron (Zofran)</i>				

Pennsylvania Department of Health  
 Bureau of EMS  
 Squad Inspection Checklist and  
 Deficiency Notification (if required)

<b>Advanced Life Support</b>				
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Endotracheal Tubes:(sterile & individually wrapped)				
2.5 mm or 3.0 mm (uncuffed) (2)				
3.5 mm or 4.0 mm (uncuffed) (2)				
4.5 mm or 5.0 mm (2)				
5.5 mm or 6.0 mm (2)				
6.5 mm or 7.0 mm (2)				
7.5 mm or 8.0 mm (2)				
Laryngoscope and blades				
Handle with Batteries (1)				
<b>OR</b> Disposable Handle with power source (2)				
Spare Batteries and Bulbs (excludes disposable)				
Straight # 1 (1)				
Straight # 2 (1)				
Straight # 3 (1)				
Curved # 3 (1)				
Curved # 4 (1)				
Stylette - malleable, sterile, adult (1)				
Forceps, Magill, adult (1)				
Forceps, Magill, pediatric (1)				
Microdrip (50-60 drops/ml) (2)				
3 1/4" over the needle catheter (10, 12, or 14 gauge) (2)				
Phlebotomy Equipment per protocol				
<b>Medications and Supplies:</b>				
<b>Adenosine</b>				
<b>Atropine Sulfate</b>				
<b>Benzodiazepines (at least one):</b>				
<b>DiazePAM</b>				
<b>LORazepam</b>				
<b>Midazolam</b>				
<b>DiphenhydrAMINE HCl</b>				
<b>EPINEPHrine -1 mg - vial or ampule</b>				
<b>Lidocaine HCl</b>				
<b>Narcotic Analgesics (at least one):</b>				
<b>FentaNYL</b>				
<b>Morphine Sulfate</b>				
<b>Sodium Bicarbonate</b>				
<b>Optional ALS Medications per PA Protocols</b>				
Amiodarone				
Anticonvulsants				
Benzocaine, topical				
Blood/Blood by-product (as authorized and credentialed by agency medical director and verified by regional EMS council)				
Blood Administration Set (2) only if agency initiates blood products				
Calcium Chloride/calcium gluconate				

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<i>Captopril or Enalapril</i>				
<i>Calcium Chloride/calcium gluconate</i>				
<i>ceFAZolin (as authorized and credentialed by agency medical director) - (Antimicrobial)</i>				
<i>Crystalloid Hypertonic Solutions (with agency medical director approval and appropriate staffing)</i>				
<i>Crystalloid Isotonic Solutions</i>				
<i>dexAMETHasone</i>				
<i>diITIAZem</i>				
<i>DOPAmine or DOBUTamine</i>				
<i>droPERidol</i>				
<i>EMLA Cream</i>				
<i>Enalapril</i>				
<i>Etomidate (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Furosemide</i>				
<i>Glucagon</i>				
<i>Hydrocortisone sodium succinate</i>				
<i>Hydroxocobalamine</i>				
<i>Ketamine (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Levalbuterol</i>				
<i>Magnesium Sulfate</i>				
<i>methyIPREDNISolone</i>				
<i>Norepinephrine</i>				
<i>Oxytocin</i>				
<i>Plasma Protein Fraction</i>				
<i>Pralidoxime</i>				
<i>Procainamide</i>				
<i>Sodium Thiosulfate</i>				
<i>Terbutaline</i>				
<i>Tetracaine, topical, ophthalmic</i>				
<i>Tranexamic Acid (TXA)</i>				
<i>Verapamil</i>				

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Administration	YES	NO	N/A	NOTES
Were deficiencies found for this vehicle?				
Is a reinspection required?				
Digital Images Captured?				
Vehicle Placed Out of Service? (Yes, complete bottom of form)				
Printed Name of Inspector:				
Inspector Signature:			Date:	
Printed Name of Agency Representative:				
Agency Representative Signature:			Date:	
<b>Vehicle Placed Out of Service</b>				
Date:				
Bureau Staff who authorized removal from service:				
Out of Service Decal secured on vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person securing Out of Service Decal:				
<b>Vehicle Authorized to Return to Service</b>				
Date:				
Bureau Staff who authorized return to service:				
Out of Service Decal removed from vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person removing Out of Service Decal:				