

Pennsylvania Department of Health  
 Bureau of EMS  
 QRS 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:			
	Unit # (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>VERIFIED</b>	<b>DEFICIENT*</b>	<b>CORRECTED</b>	<b>NOTES</b>
<b>Vehicle (if agency has vehicle)</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>Exterior Markings (if agency has vehicle)</b>				
DOH licensure decals on right and left exterior sides				
Legal Name or registered fictitious name in 3"+ letters on both right and left exterior sides				
<b>Interior requirements (if agency has vehicle)</b>				
No Smoking/Oxygen Equipped sign (1) in front				
Fasten Seat Belts sign (1) in front				
Ability to secure all bulky items when vehicle is in motion				
<b>Radio Equipment (meets regional communication requirements)</b>				
<b>Equipment Required</b>				
Current Version 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, rigid (2)				
Oropharyngeal airways (6 different sizes)				
Size 0 (1)				
Size 1 (1)				
Size 2 (1)				
Size 3 (1)				
Size 4 (1)				
Size 5 (1)				

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

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
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>Portable Oxygen with a minimum of 300 liters capacity (1)</b>				
<b>Non-sparking wrench/tank opening device (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)				
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)				
Adhesive tape (4 rolls assorted, 1 must be hypoallergenic)				
Bandage shears (1)				
Commercial "Tactical" tourniquet (2)				
Triangular bandages (8)				
Blankets (2)				
Emergency Jump Kit (1)				
<b>AED - dual function adult/pediatric AED acceptable</b>				
<b>Adult defibrillator pads (1)</b>				
<b>Pediatric defibrillator pads (1)</b>				
Regional approved triage tags (20)				
Current Emergency Response Guidebook - digital acceptable, if it remains with the vehicle				
Handlight (2)				

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

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
<b>Personal Protection Equipment (1 per crew member)</b>				
Helmet				
Eye protection				
Gloves				
High visibility safety apparel				
<b>Personal Protection Kit (1 per crew member)</b>				
Eye protection - clear & disposable				
Gown/coat				
Surgical cap/foot coverings				
N-95 respirator mask				
Red bags, per infection control plan				
Hand disinfectant/cleaner, non-water (1 container)				
<b>Optional Equipment per PA Protocols</b>				
CPAP Ventilation - portable equipment with (2) disposable masks (as authorized and credentialed by agency medical director) (EMT and above)				
12-lead monitor with transmit capabilities (as authorized and credentialed by agency medical director) (EMT and above)				
Nebulized Bronchodilators (as authorized and credentialed by agency medical director) (EMT and above)				
Aspirin, Oral (EMT and above)				
Naloxone - Intranasal or Autoinjector (as authorized and credentialed by the agency medical director)				
Instant glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute) (EMT and above)				
Pulse oximetry (EMT and above)				
Electronic glucose meter (as authorized and credentialed by agency medical director) (EMT and above)				
EPINEPHrine (EMT and above)				
Auto Injector, Adult (1)				
Auto Injector, Pediatric (1) <b>OR</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)				
Two (2) 1 mg/mL vials				
Five (5) alcohol prep pads				
Two (2) sterile needles				
<b>OR</b> for glass ampules				
Two (2) sterile filter needles or straws				
Gauze or Commerical Shielding				
Two (2) Sterile Syringes marked only for dose of 0.15mg or 0.3mg				

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

Administration	YES	NO	N/A	NOTES
Were deficiencies found?				
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:				