

**PENNSYLVANIA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES**

**Vehicle #** \_\_\_\_\_

**ALS Squad Inspection Checklist**

**I. GENERAL INFORMATION:**

Date Stickers: Yes \_\_\_\_\_ No \_\_\_\_\_  
Decals: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Ambulance Service: \_\_\_\_\_

Address: \_\_\_\_\_  
(Primary Headquarters) City State Zip

License Plate # : \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification # (VIN): \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Affiliate # : \_\_\_\_\_

Regional EMS Council: \_\_\_\_\_ Mileage: \_\_\_\_\_

| <b>II. DOCUMENTS/POLICIES</b> | <b>PRESENT</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
|-------------------------------|----------------|------------------|------------------|
|-------------------------------|----------------|------------------|------------------|

|                              |  |  |  |
|------------------------------|--|--|--|
| Personnel Roster             |  |  |  |
| Staffing Plan                |  |  |  |
| Policy Statements            |  |  |  |
| Documentation Requirements   |  |  |  |
| Patient Care Reports Secured |  |  |  |
| Medical Director's Agreement |  |  |  |
| License Displayed            |  |  |  |
| Infection Control Plan       |  |  |  |

| <b>III. VEHICLE/EQUIPMENT</b> | <b>PRESENT</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
|-------------------------------|----------------|------------------|------------------|
|-------------------------------|----------------|------------------|------------------|

|  |  |  |  |
|--|--|--|--|
| Exterior Markings Star of Life (2) on front (2) on rear and (1) on each side all must be at least 3", Name of service must be on both sides in at least 3" lettering |  |  |  |
| Audible Warning Signal   |  |  |  |
| Emergency Lighting   |  |  |  |
| Fire Extinguisher must be mounted securely and easily accessible rated at least 2A: 10B:C (5 lb.)  |  |  |  |
| Power Supply   |  |  |  |
| No Smoking sign & Fasten Seat Belt sign (1) each   |  |  |  |
| Operational Heating/Cooling/Ventilation Equipment  |  |  |  |
| Current Inspection/Insurance   |  |  |  |
| Radio Equipment that meets Regional requirements   |  |  |  |

| <b>IV. MEDICAL EQUIPMENT/SUPPLIES</b> |  |  |  |
|---------------------------------------|--|--|--|
|---------------------------------------|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Portable suction with wide bore tubing, must achieve 300 mm/Hg 11.8" of water in 4sec. |  |  |  |
| <b>Suction Catheters:</b>  |  |  |  |
| Rigid (2)  |  |  |  |
| French (2) 6-8, (2) 10-12, (2) 14-16 Total 6   |  |  |  |
| <b>Airways:</b>  |  |  |  |
| Rescue Airways sizes 3, 4, & 5 OR Combitubes sizes small and large (1) ea              |  |  |  |
| Oropharyngeal (6 different sizes)  |  |  |  |
| Nasopharyngeal (5 different sizes)   |  |  |  |
| <b>Oxygen Delivery Devices:</b>  |  |  |  |
| Nasal Cannulas (Adult/Ped.- 1 each)  |  |  |  |
| High Concentration Masks(Adult/Infant and Pediatric ) (1 each)                         |  |  |  |
| Portable Oxygen (1) must be secured  |  |  |  |
| Spare Portable Oxygen Unit (1) must be secured   |  |  |  |
| O/2 flow meeter 0-25 lpm (1)   |  |  |  |

| <b>IV. MEDICAL EQUIPMENT/SUPPLIES (Cont)</b>                          | <b>PRESENT</b>                       | <b>DEFICIENT</b> | <b>CORRECTED</b> |
|---|--------------------------------------|------------------|------------------|
| CPAP with flow control  |                                      |                  |                  |
| Pocket Mask with One-Way Valve (1)                                    |                                      |                  |                  |
| <b>Dressings:</b>   |                                      |                  |                  |
| Multi-Trauma (10" x 30") (4)  |                                      |                  |                  |
| Occlusive (3" x 4") (4)   |                                      |                  |                  |
| Sterile Gauze Pads (3" x 3") (25)                                     |                                      |                  |                  |
| Soft Self-Ahering (6 rolls)   |                                      |                  |                  |
| Sterile Burn Sheets (4' x 4') (2)                                     |                                      |                  |                  |
| Bandage Shears (1)  |                                      |                  |                  |
| Adhesive Tape ( 4 rolls)  |                                      |                  |                  |
| <b>Bag-Valve Mask Devices:</b>  |                                      |                  |                  |
| Adult and Pediatric-1 each  |                                      |                  |                  |
| Pediatric Length-Based Drug Dosing/Equip. Sizing Tape                 |                                      |                  |                  |
| Sterile Water/Normal Saline-2 liters                                  |                                      |                  |                  |
| Cold Packs, Chemical (4)  |                                      |                  |                  |
| Hot Packs, Chemical (4)   |                                      |                  |                  |
| Triangular Bandages (8)   |                                      |                  |                  |
| Sterile OB Kit (2)  |                                      |                  |                  |
| Separate Bulb Syringe (1)   |                                      |                  |                  |
| Thermal Blanket, Sterile Foil (1)                                     |                                      |                  |                  |
| Sphygmomanometer (Sm., Med., Large)                                   |                                      |                  |                  |
| Stethoscope Adult and Pediatric (1 each)                              |                                      |                  |                  |
| Penlight (1)  |                                      |                  |                  |
| Blankets (2)  |                                      |                  |                  |
| Emergency Jump Kit (1)  |                                      |                  |                  |
| Thermometer electronic or digital (1)                                 |                                      |                  |                  |
| Instant Glucose ( 45 grams)   |                                      |                  |                  |
| Activated Charcoal (50 grams) OPTIONAL                                |                                      |                  |                  |
| Pulse Oximetry-Not required for licensure                             |                                      |                  |                  |
| <b>Immobilization Devices:</b>  |                                      |                  |                  |
| Lateral Cervical Spine Device (1)                                     |                                      |                  |                  |
| Long Spine Board (1)  |                                      |                  |                  |
| Short Spine Board (1)   |                                      |                  |                  |
| Rigid/Semi-Rigid Neck Immobilizers<br>(Sm.,Med.,Large, Ped.) (1 each) |                                      |                  |                  |
| Straps, 9' (3)  |                                      |                  |                  |
| Handlight (6 volts or more) (2)                                       |                                      |                  |                  |
| Hazard Warning Device (3)   |                                      |                  |                  |
| Current DOT Emergency Response guide book                             |                                      |                  |                  |
|   | <b>PRESENT<br/>AND<br/>OPERATING</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
| <b>V. ALS EQUIPMENT/SUPPLIES</b>                                      |                                      |                  |                  |
| Sponges/Preps/Wipes, Alcohol (10)                                     |                                      |                  |                  |
| Electronic Glucose Meter (1)  |                                      |                  |                  |
| Meconium Aspirator (1)  |                                      |                  |                  |
| <b>Endotracheal Tubes:</b>  |                                      |                  |                  |
| 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)  |                                      |                  |                  |
| 8.5 mm or 9.0 mm (2)  |                                      |                  |                  |
| Stylette,- Pediatric (2), Adult (1) must be sterile                   |                                      |                  |                  |
|   |                                      |                  |                  |

| <b>V. ALS EQUIPMENT/SUPPLIES (Cont)</b>             | <b>PRESENT</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
|---|----------------|------------------|------------------|
| Laryngoscope Handle with Batteries (1)              |                |                  |                  |
| Spare Batteries and Bulbs                           |                |                  |                  |
| Blades:   |                |                  |                  |
| Straight-#1, #2, #3- (1 each)                       |                |                  |                  |
| Curved- #3, #4 ( 1 each)                            |                |                  |                  |
| Lubrication- water soluble (2 cc) (2)               |                |                  |                  |
| Forceps, Magill (Adult/Pediatric) ( 1 each)         |                |                  |                  |
| <b>IV Therapy Supplies:</b>                         |                |                  |                  |
| <b>Catheters, Over The Needle:</b>                  |                |                  |                  |
| 14 gauge (4)  |                |                  |                  |
| 16 gauge (4)  |                |                  |                  |
| 18 gauge (4)  |                |                  |                  |
| 20 gauge (4)  |                |                  |                  |
| 22 gauge (4)  |                |                  |                  |
| 24 gauge (2)  |                |                  |                  |
| Sharps Receptacle (1)                               |                |                  |                  |
| <b>IV Administration Supplies:</b>                  |                |                  |                  |
| Microdrip (50-60 drops/ml) (2)                      |                |                  |                  |
| Macro drip (10-20 drops/ml) (2)                     |                |                  |                  |
| IV Solutions (2250 ml total)                        |                |                  |                  |
| Tourniquets for IV Use (2)                          |                |                  |                  |
| Phlebotomy Equipment                                |                |                  |                  |
| <b>Hypodermic Needles:</b>                          |                |                  |                  |
| 16-20 gauge (4)                                     |                |                  |                  |
| 20-22 gauge (4)                                     |                |                  |                  |
| 23-25 gauge (4)                                     |                |                  |                  |
| 14-18 gauge Intraosseous (2)                        |                |                  |                  |
| Syringes  |                |                  |                  |
| Emergency drugs/Medications                         |                |                  |                  |
| <b>Defibrillator/Monitor Supplies:</b>              |                |                  |                  |
| Defibrillator/Monitor                               |                |                  |                  |
| Spare paper (1)                                     |                |                  |                  |
| Paddle Pads (4) or gel (2 tubes)                    |                |                  |                  |
| Electrodes, ECG, Adult/Ped. ( 6 each)               |                |                  |                  |
| Stylette, Malleable ( Adult (1)/Ped. (2)            |                |                  |                  |
| Waveform Capnography                                |                |                  |                  |
| <b>VI. RESCUE PROTECTION EQUIPMENT</b>              | <b>PRESENT</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
| Hard Hat ( 1 per crew member)                       |                |                  |                  |
| Gloves (leather) ( 1 pair per crew member)          |                |                  |                  |
| Goggles ( 1 set per crew member)                    |                |                  |                  |
| Regional approved Triage Tags (20)                  |                |                  |                  |
| <b>VII. PERSONAL PROTECTION EQUIPMENT</b>           | <b>PRESENT</b> | <b>DEFICIENT</b> | <b>CORRECTED</b> |
| Clear Eye Protection*                               |                |                  |                  |
| Face Mask*  |                |                  |                  |
| Gown/Coat*  |                |                  |                  |
| Surgical Cap/Foot Coverings*                        |                |                  |                  |
| Double Barrier Gloves*                              |                |                  |                  |
| Fit-tested disposable N95 masks (1) per crew member |                |                  |                  |
| * One pair/set per responding crewmember            |                |                  |                  |
| Biological Waste Container                          |                |                  |                  |
| Red bags for waste container                        |                |                  |                  |
| Hand disinfectant/cleaner - Nonwater (1) container  |                |                  |                  |
|   |                |                  |                  |

| VI. ACCESS TOOL (OPTIONAL)                  |  |  |  |
|---|--|--|--|
| Screwdrivers Phillips and Slotted ( 1 each) |  |  |  |
| Pliers Slip Joint (1)                       |  |  |  |
| Pliers Lineman's (1)                        |  |  |  |
| Pliers Needlenose (1)                       |  |  |  |
| Pliers Arc Joint (Water) (1)                |  |  |  |
| Pliers Locking (1)                          |  |  |  |
| Sledge Hammer ( 3 lbs.) (1)                 |  |  |  |
| Metal Cutting Tool (1)                      |  |  |  |
| Cold Chisel (7" x 3/4") (1)                 |  |  |  |
| Hacksaw with 2 blades                       |  |  |  |
| Adjustable Wrench (10") (1)                 |  |  |  |
| Center Punch                                |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

|  |                                       |
|--|---------------------------------------|
|  | Inspected By: _____<br>(Printed Name) |
|  | Signature: _____                      |
|  | Date forwarded to EMS Office: _____   |