

VEHICLE INSPECTION FORM FOR REGISTERED AMBULANCES

SERVICE NAME:		DATE:
UNIT VID NUMBER:	UNIT VIN NUMBER:	

RESPIRATORY EQUIPMENT						
	CO	MPI	IANT			
QTY	Y	N	PRI	ITEM / DESCRIPTION		
1	0	0	1	Mounted Electric or Manifold Operation Suction Aspirator		
1	0	0	1	Portable Suction Aspirator – as approved by the Department		
4	0	0	1	Sterile Suction Catheters, assorted sizes		
2	0	0	3	Irrigation Liquids, 1000 ml each or equivalent		
2	0	0	1	Bag-Valve-Mask Resuscitator, disposable, with transparent adult mask. The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.		
2	0	0	1	Pediatric Bag-Valve-Mask Resuscitator, disposable, with transparent child and infant mask. The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.		
4	0	0	1	Adult Oxygen Mask with Reservoir		
2	0	0	3	Adult Oxygen Mask		
3	0	0	1	Pediatric Oxygen Mask with Reservoir		
3	0	0	3	Pediatric Oxygen Mask		
3	0	0	3	Nasal Cannula		
3	0	0	3	Oxygen Supply Tubing		
1	0	0	1	Oropharyngeal Airways, with adult, child and infant sizes		
1	0	0	1	Nasopharyngeal Airways, with adult, child and infant sizes		
1	0	0	1	Tracheal / Pharyngeal Airway Adjunct (device not intended to be placed into the trachea)		
1	0	0	1	Oxygen: fixed system with at least two wall-mounted o xygen outlets and one flowmeter. The system shall also include a yoke, pressure reducer gauge and an approved cylinder-retaining device that m eets DOT standards. The system shall be capable of delivering an oxygen flow of at least 15 liters per minute. If the oxygen source is of a size less than "M" cylinder or equivalent, an addition al full spare cylinder for the fixed system shall be carried in the ambulance		
1	0	0	1	Oxygen: portable unit consisting of at least a "D" cylinder or equivalent, yok e, pressure gauge, flowmeter and cylinder wrench or hand wheel. The unit shall b e capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a quickrelease f itting shall be furnished to allow the use of the portable u nit outside the vehicle. Ambulances manufactured 12 months after adoption of these rules must meet Ambul ance Manufacturers Division (AMD) Oxygen Ta nk Retention Standard 003.		
1	0	0	1	Oxygen: full spare cylinder for use with the above portable oxygen unit. In all ambulances manufactured 12 months after ado ption of these rules, the oxygen unit must be secured in a manner that meets Ambulance Manufacturers Division (AMD) Oxygen Tank Retention Standard 003.		



	BANDAGES / DRESSINGS					
QTY	CO	COMPLIANT		ITEM / DESCRIPTION		
QII	Υ	N	PRI	TIEM / DESCRIPTION		
2	0	0	3	Triangular Bandages		
2	0	0	3	Universal Dressings, approximately 10 inches by 30 inches		
12	0	0	3	Gauze Pads, 4 inches by 4 inches		
4	0	0	3	Bandages, soft roller, self-adhering type, 2 inches to 4 inches by 5 yards		
2	0	0	3	Bandages, soft roller, self-adhering, 6 inches by 5 yards		
4	0	0	3	Bandages, elastic, of assorted sizes		
4	0	0	3	Petroleum gauze pads, sterile, individually wrapped, 4 inches by 3 inches or 9 inches by 3 inches		
4	0	0	3	Rolls of adhesive tape		

DIAGNOSTIC EQUIPMENT					
QTY	CO	MPLI	ANT	ITEM / DESCRIPTION	
QII	Υ	N	PRI	HEW/DESCRIPTION	
1	0	0	2	Aneroid Sphygmomanometer, with pediatric, adult, and obese size cuffs	
1	0	0	1	Stethoscope	
1	0	0	3	Glucose Monitoring Instrument	

	IMMOBILIZATION DEVICES					
QTY	CTV COMPLIANT		ANT	ITEM / DESCRIPTION		
QII	Υ	N	PRI	HEMI/ DESCRIPTION		
4	0	0	3	Extremity Immobilization Devices: 2 full arms and 2 full legs, or equivalent		
1	0	0	1	Short Spinal Extrication Device (KED or equivalent)		
1	0	0	1	Pediatric Immobilization Device (must be manufactured for pediatric use only)		
2	0	0	1	Spine Boards, long, at least 16 inches wide by 72 inches in length, with 3 straps for each board or equivalent		
2	0	0	1	Lateral Cervical Immobilization Devices, commercial devices, foam blocks, or sheet / blanket rolls		
6	0	0	1	Cervical Immobilization Collars, hard type, 2 adult, 2 medium, 2 child		
1	0	0	3	Traction Splint, adult, lower extremity, adjustable		
1	0	0	3	Traction Splint, pediatric, lower extremity, adjustable		
1	0	0	3	Equipment for the safe transport of pediatric patients, as approved by the local EMS medical director with guidelines provided by the department		

	MISCELLANEOUS EQUIPMENT						
QTY	COMPLIANT		ANT	ITEM / DESCRIPTION			
QII	Υ	Ν	PRI	HEW/ DESCRIPTION			
1	0	0	1	Automatic External Defibrillator when only EMT-Is and/or EMT-B is on the ambulance or 1 cardiac monitor / defibrillator when Cardiac Technicians and/or EMT-Paramedics are on the unit			
1	0	0	3	Pillow, disposable, or pillow with vinyl cover. Rolled sheets are acceptable substitutes.			
1	0	0	1	Multi-Level Stretcher with at least one pair of shoulder / chest straps and one set of straps for the lower extremities, capable of securing adult and pediatric patients			
2	0	0	3	Blankets			
2	0	0	3	Waterproof Patient Covers (e.g. plastic sheets) or Rescue Blanket			



Georgia Department of Public Health						
				MISCELLANEOUS EQUIPMENTcontinued		
QTY	COMPL		ANT	ITEM / DESCRIPTION		
QII	Υ	N	PRI	TIEW/ DESCRIPTION		
1	0	0	2	Flashlight		
1	0	0	1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged		
2	0	0	3	Emesis Basins or Emesis Bags or equivalent		
1	0	0	3	Bedpan		
1	0	0	3	Urinal		
4	0	0	3	Restraints, 2 ankle and 2 wrist, leather or nylon		
1	0	0	3	Shears		
2	0	0	3	Clean Wrapped Sheets or Burn Sheets		
1	0	0	3	Nonporous Infant Insulating Device, foil swaddler or equivalent		
1	0	0	2	Obstetrical Kit: Receiving blanket, sterile bulb aspirator, wrapped sanitary napkin, sterile scissors or scalpel blade, 4inch gauze pads, one pair of sterile gloves, 2 cord clamps and plastic bag for placenta. All it ems are to be in a cont ainer with identifying label showing contents.		
1	0	0	1	IV Solution Kit with the list of contents, to include expiration dates, affixed to the outside of the sealed kit established and approved by the local or regional medical director		
1	0	0	3	Sharps Container		
1	0	0	3	U. S. Department of Transportation Emergency Response Guidebook, current edition		
1	0	0	3	Resource Handbook providing information on chemical, biological, and nuclear agents		
1	0	0	2	Mark I Plus Kit (CHECK IF PRESENT, BUT NOT REQUIRED)		
2	0	0	2	Escape Hoods, SCBA, or equivalent / higher (CHECK IF PRESENT, BUT NOT REQUIRED)		
2	0	0	2	N-95 or > Particulate Mask		
20	0	0	1	Exam Gloves, assorted sizes		
2	0	0	2	Disposable Splash Protection (gowns, EMS turnout gear, etc.)		

EXTRICATION EQUIPMENT

The following extrication equipment is required to be on each vehicle except where the provider has written verification from the Regional EMS Program Director that this equipment is immediately available from sources within the zone.

QTY	COMPLIANT		ANT	ITEM / DESCRIPTION	
QII	Υ	7	PRI	HEW/ DESCRIPTION	
1	0	0	1	Spring Loaded Center Punch	
1	0	0	1	Rescue Ax or Halligan Tool, able to pry, cut, remove sheet metal	
1	0	0	1	Flathead Screwdriver, minimum 6 inches	
1	0	0	1	3 Pound Hammer	
1	0	0	1	Hacksaw with extra Bimetal-type Blades	
1	0	0	1	Roll Duct Tape	
1	0	0	1	One Ton Come-A-Long and 2 Rescue-Rated Chains or Straps	
2	0	0	1	Helmets with Face Shields	
2	0	0	1	Gloves, work gloves or leather gloves	



ADVANCED LIFE SUPPORT (ALS) EQUIPMENT

The ambulance, staffed by at least one Cardiac Technician or Paramedic, must have all the above required equipment and additional equipment as follows:

	required equipment and additional equipment as follows:				
QTY	COMPLIANT		TNA	ALS AIRWAY EQUIPMENT	
QII	Υ	N	PRI	ALS AIRWAY EQUIPMENT	
1 Kit	0	0	1	ALS Airway Kit with endotracheal tubes (assorted sizes, adult, child, and infant), 10 ml syringes, stylette, appropriately sized laryngoscope handles, blades (assorted sizes, small, medium, and large) and Magill Forceps	
OT)(CO	MPLI	ANT	ALO GARRIAO FOLURATAT	
QTY	Y N PRI	PRI	ALS CARDIAC EQUIPMENT		
1	0	0	1	Cardiac Monitor / Defibrillator (with print-out), configuration and supplies such that one is capable of delivering defibrillation to pediatric and adult patients	
OT)(CO	MPLI	ANT	ALO DUADMA OOLOGICAL FOLUDMENT	
QTY	Υ	N	PRI	ALS PHARMACOLOGICAL EQUIPMENT	
1 Kit	0	0	1	Drug Kit containing ap propriate medications with the list of contents established and approved by the local or regional medical director. The list of contents and earliest expiration dates shall be a ffixed to the outside of the sealed kit. Drug kits must be maintained in a temperature-controlled environment and must not be left unsecured.	

Priority 1 (1): Critical Essential Equipment - Item must be on the unit at the time of the inspection or the unit will be taken out of service. DHR window decal will not be applied. The only exception is EXTRICATION EQUIPMENT where the provider has written verification from the Regional EMS Program Director that this equipment is immediately available from sources within the zone or county.

Priority 2 (2): Item must be on the unit at re-inspection in five (5) business days. Deficiencies will be noted as minor deficiencies in the inspection report.

Priority 3 (3): Item must be on the unit upon the next routine re-inspection. Deficiencies will be noted as minor deficiencies in the inspection report.

OOS (out-of-service): If the unit is marked OOS, the vehicle will be immediately taken out of service and will remain out-of-service until re-inspected within two (2) business days. DHR window decal will be removed from the vehicle. This will include the mechanical / safety condition of the vehicle.

COMMENTS:						
Signature of Inspector:	Signature of Agency Representative Reviewed With:					