

Multi-County Ambulance Inspection Basic Life Support Checklist

Company Name: _____ Date: _____ Sticker Number: _____
 Previous Sticker Number: _____

Based in the following counties:

- Adams
 Arapahoe
 Broomfield
 Douglas
 Elbert
 Jefferson

Unit No.: _____ VIN: _____ Lic #: _____ Exp. Date: _____
 Ambulance Make: _____ Manufacturer: _____ Year: _____ Odometer: _____
 Insurance Company: _____ Policy No.: _____ Exp. Date: _____

- Basic Life Support (BLS)
 Basic Life Support with Advanced Life Support Capabilities (BLS/ALS)
 Advanced Life Support (ALS)
 Reserve Vehicle (Will be fully stocked according to this Inspection list before going into service.)

Basic Life Support Check List

Emergency Systems:

- Ambulance Service Medical Treatment Protocols (Current) Computerized Printed
- Running Lights
- Emergency Lights Siren Opticom
- Wipers
- Communications appropriate for jurisdiction served.
 cell phone Portable Radio
- Dispatched by: _____
- A set of 3 warning reflectors or devices.

- Spare Tire Fleet Road side service
- Fire Ext. (ABC 5-10 lbs) - vehicle exterior
 Due Date: _____
- Oxygen (house supply)
- Two (2) Flash lights or lanterns
- Crew Reflective Vests

- AED-Automatic External Defibrillator Serial No _____
 Adult Pads Pediatric Pads
- Passed Self-Test Date: _____
- Date of Last Service: _____

Dressings and Bandages:

- ABD Pads
- Bandages, roller type, self-adhesive
- Multi Trauma Dressing (10 x 36)
- Sterile Burn Sheets
- Occlusive Dressing
- Triangular bandages (2)
- Trauma Tourniquet
- Sterile 4 x 4's
- Adhesive Tape 2" 1"
- Adhesive Bandages
- Hemastatic Gauze*

Splints and Immobilization Equipment:

- Spine board (long) with straps
- Spine board (short) with straps _____ KED
- Patient extrication device Pediatric board
- Scoop stretcher with straps
- Cervical collars – rigid – adults and peds.
- Head immobilization devices adult and peds.
 Type: _____
- Assorted splints and arm boards, adult & peds.
- Traction splint (lower extremity) with ankle
- Child safety seat (per state guidelines)
- Adjustable gurney (4-6 wheels) with holder
- Blankets (4)
- Pelvic Splint _____ Commercial _____ Other
- Stair Chair*

Ventilation and Airway Equipment:

- Suction Units: House Portable
- Rigid Suction Tips Covered
- Soft Catheter Fr. 6, 8, 10, 12, 14, other _____
- Bulb suction Mushroom Suction
- Two (2) Portable Oxygen with regulators
- Nasopharyngeal Airway: Adult: 24,26,28,30,32
- Oropharyngeal Airway: Infant, Child, Small Adult, Adult, Large Adult
- Nasal Cannula: Adult Pediatric
- NRB with Transparent Oxygen Masks:
 Adult Child
- Bag Valve Mask O₂ Resuscitators
 500cc 750cc 1000cc _____
 with transparent masks, oxygen reservoir,
 and standard fittings 15mm – 21 mm
- *Supraglottic Airway IGELS Kings Combi-tube
- Atomizer

Diagnostic Equipment:

- Blood Pressure Cuffs
- Large adult Reg. Adult Child Infant
- Stethoscope
- Diagnostic Pen Light (pupil gauge)
- Thermometer - adult and pediatric.
- Pulse Oximeter
- Electronic Glucose measuring device

*Optional

NOTES:

Updated: 4/5/2019

Intravenous and Irrigation Equipment:

- Sterile Irrigation
- IV solution volume expander, 1000mL 500mL
- Heated storage: Yes No *
- IV Arm boards, Adult Pediatric
- Constricting bands
- Alcohol Wipes Other: _____
- IV administration sets: Micro Macro
- Blood pumps Other: _____
- IV venipuncture needles: sizes: _____ thru _____
(If required by Medical Director or company.)
- *Blood specimen equipment

Obstetrical Equipment:

- Sterile OB kit to include towels, 4x4's,
- ABD pads, umbilical tape or cord clamps, scissors or scalpel, bulb syringe, sterile gloves, drapes, blanket, or thermal absorbent blanket, stocking cap, heat source: _____
- Meconium/mucous trap/mushroom suction

Body Substance Isolation (BSI):

- Protective eyewear
- Sterile Gloves
- Non-sterile Latex Free Gloves
- N95 masks which can be universal of size
- Sharps containers for the appropriate disposal
- *Masks, non-sterile surgical

- and storage of medical waste and biohazards
- Sharps container in Jump Kit

Safety Equipment:

- Fire Ext. (ABC 5-10 lbs) - vehicle interior
Due Date: _____
- No smoking sign (patient compartment)
- Shears, heavy duty (Trauma)
- Ring cutter *
- Safety seat belts, including squad bench
- Restraining devices for all equip. in Pt. Comp.

Additional Equipment and Supplies:

- Appropriate cleaning supplies including: disinfectant cleaner. _____
- Trash Bags (biohazard). Disposed at: _____
- Vehicle cleanliness: Cab Patient Compartment
 Storage Cupboards
- Triage tags
- Extrication Equipment * Yes No
- All Equipment on the ambulance is properly secured
- Supplies are maintained and stored according to the manufacturer's recommendations and requirements

NOTES:

Medical Director: _____ Medical Facility: _____

<input type="checkbox"/> Approved Basic Life Support (BLS) Inspection Expires: _____	<input type="checkbox"/> Not Approved. - Re-inspection required. Date of Re-inspection: _____
Please print Ambulance Service Representative's Name: _____	
Ambulance Service Representative Signature _____	Date _____
Mona Fellers, Multi-County Ambulance Inspector	Date _____

