

Pueblo County



AMBULANCE INSPECTION FORM

Date of Inspection: _____ Agency Representative _____

Ambulance Service: _____

Unit # _____ Basic: Advanced:

VEHICLE EMERGENCY SYSTEMS

- Appropriate Markings Functional Siren
 Emergency Warning Lights Horn

COMMUNICATIONS EQUIPMENT

- Dispatch Hospitals Mutual Aid Agencies Portable Radios

CREW & OCCUPANT PROTECTION

- Adjustable Gurney (operational) Safety Belts
 Ambulance Permit (posted/visible) Cab Bench Gurney
 Child Seat (or equivalent) Safety Vests (1 per crew member)
 "No Smoking" posted in the front and rear compartment Vehicle Condition
 Good Fair Poor

SAFETY & PERSONAL PROTECTIVE EQUIPMENT

- Protective Eye Wear Flashlights (2)
 Non-sterile HEPA masks Fire Extinguishers
 BSI Kits (P.P.E.) Cab Patient Compartment
 Triangle Kit / Flares (or equivalent) (3) Non-Sterile Gloves (assorted sizes)
 Non-Latex Gloves

DIAGNOSTIC EQUIPMENT / SUPPLIES

- Stethoscope Pulse Oximeter w/ Adult & Pediatric probes
 Glucometer Blood Pressure Cuffs
 A.E.D. (*BLS rigs ONLY*) Large Adult Adult Child Infant
 E.K.G. Electrodes Defibrillation Delivery Device(s)
 Cardiac Monitor/Defibrillator/Recorder (*ALS rigs ONLY*) Adult Pediatric
 Penlight

OBSTETRICAL (O.B.) SUPPLIES

- O.B. Kit (to include: towels, umbilical cord clamps, scissors or scalpel, hat, bulb syringe, blanket or warmer)

INTRAVENOUS (I.V.) SOLUTIONS & VASCULAR ACCESS SUPPLIES

- Normal Saline (500mL or 1,000mL) Safety Angiocath(s) (sizes 14g - 24g)
 Venous Tourniquets Macro Drip Sets Micro Drip Sets Blood Y Sets
 Alcohol swabs/preps House Sharps Container Portable Sharps Container
 IV Arm Boards (adult & pediatric)

AIRWAY, OXYGEN (O2), & VENTILATION EQUIPMENT

Basic Life Support (BLS)

- Nasopharyngeal Airways Adult 24fr.-32fr.
- Oropharyngeal Airways
- House Oxygen w/ Adjustable Regulator
- Portable Oxygen w/ Adjustable Regulator (2)
- Suction Unit (House and Portable)
- Rigid Pharyngeal Curved Tip
- Water-Based Lubricant Jelly Packets
- Non-Rebreathers
 - Adult
 - Pediatric
- Nasal Cannulas
 - Adult
 - Pediatric
- Bag Valve Masks (BVM) w/ Oxygen Reservoir
 - Adult
 - Child
 - Infant
- Soft Suction Tips
 - Pediatric 6fr.-14fr.
- Wide Bore Tubing

Advanced Life Support (ALS)

- Chest Decompression Kit (or equivalent)
- Nebulizer Delivery Device
- Tube Securing Device
- Stylets
- End-tidal CO2 detector (or alternate)
- Endotracheal Tubes (sizes 2mm-9mm in 1/2 sizes)
- Magill Forceps
 - Adult
 - Child
- Laryngoscope Handle & Blades
 - Adult
 - Child
- Quick-Trach May have Cric Waiver
 - Adult
 - Child
- Alternative Airway (Combi-tube or King Tube)

MEDICAL EQUIPMENT & SUPPLIES

Basic Life Support (BLS)

- Adhesive Tape 1"
- Adhesive Tape 2"
- Arterial Tourniquet
- Bandages - Triangular
- Bandages - Roller Gauze
- Blankets / Sheets / Pillow Cases
- Burn Sheets - Sterile
- Cervical Collars (Adult / Pediatric)
- Dressings - Occlusive
- Dressings - 4 x 4 (sterile)
- Dressings - Trauma
- Head Immobilization Device (Blocks)
- Irrigation Solution (sterile)
- K.E.D. (or equivalent)
- Long Backboard/Scoop (2)
- Pueblo County Protocols (electronic/hard copy)
- Scoop Stretcher (or equivalent)
- Splint - Upper & Lower or S.A.M. Splint
- Splint - Traction
- Trauma Shears
- Triage Tags

Advanced Life Support (ALS)

- 1 mL Syringe
- 3 mL Syringe
- 5 mL Syringe
- 10 mL Syringe
- Safety Needles 23g
- Filter Needles
- Intraosseous Infusion Delivery System
 - Adult
 - Child
- Braslow Tape

PHARMACOLOGICAL AGENTS

Basic Life Support (BLS)

- Aspirin 81mg (1 Bottle)
- Oral Glucose
- Epi-Pen Auto Injector

Advanced Life Support (ALS)

- A Benzodiazepine
- Adenosine
- Albuterol
- Amiodarone
- Atropine
- Calcium Chloride
- Dextrose - 50%
- Diphenhydramine
- Dopamine Drip
- Epinephrine - 1:1,000
- Epinephrine - 1:10,000
- Furosemide
- Glucagon
- Lidocaine - 2%
- Magnesium Sulfate
- Methylprednisolone
- Naloxone
- Nitroglycerine
- Neosynephrine
- Sodium Bicarbonate
- Zofran

Pueblo County



AMBULANCE INSPECTION FORM

Acceptable As Is

Acceptable w/ Below Changes

Not Acceptable

Basic

Advanced

Comments: _____

Ambulance Inspector Signature

Agency Representative Signature

Ambulance Inspector Printed Name

Agency Representative Printed Name

Date

Date