

AMBULANCE SELF-CERTIFICATION INSPECTION REPORT

Advanced Life Support vehicles must include all Basic Life Support equipment in addition to all Advanced Life Support equipment labeled in blue.

The “Self-certifying Inspector” may be an employee of the ambulance service provider.

Self-certifying Inspector Name:		Self-inspection Date:	
Unit #:	<input type="checkbox"/> Basic Life Support (BLS)	<input type="checkbox"/> Advanced Life Support (ALS)	
VEHICLE EMERGENCY SYSTEMS			
<input type="checkbox"/> Appropriate Markings	<input type="checkbox"/> Functional Siren	<input type="checkbox"/> Emergency Lights	<input type="checkbox"/> Horn
COMMUNICATION EQUIPMENT			
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Mutual Aid Agencies	<input type="checkbox"/> Portable Radios
CREW and OCCUPANT PROTECTION			
Vehicle Condition:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Safety Belts:	<input type="checkbox"/> Cab	<input type="checkbox"/> Bench	<input type="checkbox"/> Gurney
<input type="checkbox"/> Safety Vests (1 per crew member)	<input type="checkbox"/> Flashlights (2)	<input type="checkbox"/> Triangle Kit/Warning Reflectors (3)	
Fire Extinguishers:	<input type="checkbox"/> Cab	<input type="checkbox"/> Rear Compartment	
“No Smoking” Signs:	<input type="checkbox"/> Cab	<input type="checkbox"/> Rear Compartment	
<input type="checkbox"/> Protective Eye Wear	<input type="checkbox"/> Non-sterile HEPA masks	<input type="checkbox"/> BSI Kits (P.P.E)	
<input type="checkbox"/> Non-sterile/Non-latex Gloves	<input type="checkbox"/> Ambulance Permit (visible to public)	<input type="checkbox"/> Child Seat (equivalent)	
<input type="checkbox"/> Adjustable Gurney	<input type="checkbox"/> Blankets/Sheets		
DIAGNOSTIC EQUIPMENT & SUPPLIES			
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Glucometer	<input type="checkbox"/> Penlight	
Pulse Oximeter:	<input type="checkbox"/> Adult Probes	<input type="checkbox"/> Pediatric Probes	
<input type="checkbox"/> A.E.D (BLS ONLY)			
Defibrillation Delivery Device(s):	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	
Blood Pressure Cuffs:	<input type="checkbox"/> Infant	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult
<input type="checkbox"/> Cardiac Monitor/Defibrillator/Recorder	<input type="checkbox"/> End-tidal CO2 detector (or alternate)		
<input type="checkbox"/> E.K.G Electrodes			
OBSTETRICAL (O.B.) SUPPLIES			
<input type="checkbox"/> O.B. Kit (towels, umbilical tape/cord clamps, scissors/scalpel, bulb syringe, sterile gloves, blanket, hat)			
INTRAVENOUS (I.V.) SOLUTIONS & VASCULAR SUPPLIES			
<input type="checkbox"/> Normal Saline	<input type="checkbox"/> Venous Tourniquets	<input type="checkbox"/> Alcohol Swabs/preps	
<input type="checkbox"/> Safety Angiocath(s): 16g – 24g	<input type="checkbox"/> Macro Drip Sets (10/mL)	<input type="checkbox"/> Portable Sharps Container	
<input type="checkbox"/> S.A.M. Splint/Pediatric Arm Board	<input type="checkbox"/> House Sharps Container		
AIRWAY, OXYGEN, and VENTILATION EQUIPMENT			
<input type="checkbox"/> Nasopharyngeal Airways (NPA’s): 24fr. – 32fr.	<input type="checkbox"/> Oropharyngeal Airways: adult/pediatric		
<input type="checkbox"/> House Oxygen w/ Adjustable Regulator	<input type="checkbox"/> Portable Oxygen w/ Adjustable Regulator (2)		
<input type="checkbox"/> Suction Unit (House)	<input type="checkbox"/> Suction Unit (Portable)		
<input type="checkbox"/> Rigid Pharyngeal Curved Tip	<input type="checkbox"/> Wide Bore Tubing		
<input type="checkbox"/> Water-Based Lubricant Jelly Packets	<input type="checkbox"/> Soft Suction Tips-Pediatric: 6 fr. – 14 fr.		
Non-Rebreathers:	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	
Nasal Cannulas:	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	
Bag Valve Masks (BVM):	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Infant

<input type="checkbox"/> Chest Decompression Kit (equivalent)	<input type="checkbox"/> Nebulizer Delivery Device
<input type="checkbox"/> Tube Securing Device	<input type="checkbox"/> Stylettes AND Bougie Introducer
<input type="checkbox"/> Endotracheal Tubes (3 – 9 mm in ½ sizes)	<input type="checkbox"/> Alternative Airway (i-Gel)
Magill Forceps: <input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric
Laryngoscope Handle & Blades: <input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric
Cric Kit: <input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric

MEDICAL EQUIPMENT and SUPPLIES

<input type="checkbox"/> County Protocols (digital/paper)	<input type="checkbox"/> Triage Tags	<input type="checkbox"/> Irrigation Solution (sterile)
<input type="checkbox"/> Adhesive Tape 1"	<input type="checkbox"/> Adhesive Tape 2"	<input type="checkbox"/> Arterial Tourniquet
<input type="checkbox"/> Triangular Bandages or equivalent	<input type="checkbox"/> Roller Gauze	<input type="checkbox"/> Burn Sheets (sterile)
Dressings: <input type="checkbox"/> Occlusive	<input type="checkbox"/> 4 x 4 (sterile)	<input type="checkbox"/> Trauma
Cervical Collars: <input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	
<input type="checkbox"/> Head Blocks or Commercial equivalent	<input type="checkbox"/> K.E.D. (Kendrick Extrication Device)	
<input type="checkbox"/> (1) Long Back Board – Backboard, Scoop Stretcher, Vacuum Mattress, or commercial equivalent		
<input type="checkbox"/> Traction Splint	<input type="checkbox"/> Trauma Shears	
Syringes: <input type="checkbox"/> 1 mL	<input type="checkbox"/> 3 mL	<input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
<input type="checkbox"/> Safety Needles	<input type="checkbox"/> Filter Needles	<input type="checkbox"/> Broselow™ Tape (equivalent)
Intraosseous Infusion Delivery System	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric

PHARMACOLOGICAL AGENTS

<input type="checkbox"/> Aspirin 81 mg (1 Bottle)	<input type="checkbox"/> Oral Glucose	<input type="checkbox"/> Naloxone (Narcan)
<input type="checkbox"/> Albuterol	<input type="checkbox"/> Dextrose – 50%	<input type="checkbox"/> Neosynephrine or Tranexamic Acid (TXA)
<input type="checkbox"/> Atrovent (Ipratropium Bromide)	<input type="checkbox"/> Epi-Pen/Epi 1:1000	<input type="checkbox"/> Zofran (Ondansetron)
<input type="checkbox"/> A Benzodiazepine	<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Methylprednisolone (Solumedrol) or Dexamethasone (Decadron)
<input type="checkbox"/> Adenosine	<input type="checkbox"/> Epinephrine – 1: 10,000	<input type="checkbox"/> Nitroglycerine
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Sodium Bicarbonate
<input type="checkbox"/> Atropine	<input type="checkbox"/> Lidocaine – 2%	
<input type="checkbox"/> Calcium Chloride	<input type="checkbox"/> Magnesium Sulfate	

Sterility of Equipment used on patients is adequate: Yes No because...

Explain cleaning procedure or attach additional documentation. If permitting multiple vehicles, explain on one form.

Cleaning procedures are adequate: Yes No because...

Expired equipment found: Yes, I replaced this expired... No

Comments:

I certify that all the required equipment is available and in good, working condition for patient needs.

DOCUMENTS

<input type="checkbox"/> Ambulance Service License Application	<input type="checkbox"/> Vehicle Information Form
<input type="checkbox"/> Vehicle Insurance	<input type="checkbox"/> Employee Certifications

SIGNATURES

Self-certifying Inspector Signature:	Date:
Self-certifying Inspector Printed Name:	
Ambulance Service Supervisor Signature:	Date:
Ambulance Service Supervisor Printed Name:	