

Iredell County EMS System "At The Crossroads of Change"	System Ambulance Inspection Report Minimum System Requirements Po Box 788 - 400 S. Meeting St., Statesville, NC 28687	Location of Inspection: _____ Annual _____ Spot: _____ Ramp: _____ Date: ____/____/____ Time: _____
VEHICLE INFORMATION		
Provider Name: _____; Vehicle #: _____; Truck Equipment Level - EMT _____, EMT-D _____, EMT-I _____, EMT-P _____		
EMT, EMT-I, EMT-P (15 points each)	(4 points each continued)	EMT-P (15 points each)
<input type="checkbox"/> Provider name permanently displayed on each side <input type="checkbox"/> Safety features intact (seatbelts, DMV insp, etc.) <input type="checkbox"/> Vehicle body and function <input type="checkbox"/> Warning devices (lights / siren) (1 pt. each light out) <input type="checkbox"/> Two-way radio w/ additional pt. area device <input type="checkbox"/> 2- Suction apparatus w/ wide bore tubing <input type="checkbox"/> 2- BVM (Adult w/ mask) <input type="checkbox"/> 2- BVM (Pedi w/ Child & Infant mask) <input type="checkbox"/> 1- Set OPA's (Infant to Adult size) <input type="checkbox"/> 1- Variable flow portable O2 regulator <input type="checkbox"/> 2- Portable O2 Cylinder <input type="checkbox"/> Aneroid BP cuffs (Infant; Child; Adult; Large Adult) <input type="checkbox"/> 1- Adult Stethoscope <input type="checkbox"/> Secured wheeled cot for patient transport <input type="checkbox"/> 2- Backboard (Long) <input type="checkbox"/> 2 Full sets backboard accessories (straps, headblocks) <input type="checkbox"/> 2- C-collars each size adult-pediatric sizes <input type="checkbox"/> 1- Adult spinal extrication device (KED, XP-One, SSB) <input type="checkbox"/> 1- Pediatric immobilization device (Pedi-board, etc.) <input type="checkbox"/> Cardiac monitor/Defib or AED with Accessories <input type="checkbox"/> Heating and Cooling source for patient compartment	<input type="checkbox"/> Set of NPA's <input type="checkbox"/> 2- Occlusive dressing <div style="background-color: #cccccc; text-align: center; padding: 2px;">EMT, EMT-I, EMT-P (7 points each)</div> <input type="checkbox"/> 2- Burn Pack <input type="checkbox"/> 4- Cold Pack <input type="checkbox"/> 2- Sterile saline solution for irrigation <input type="checkbox"/> 2- Nonporous pillow <input type="checkbox"/> 4- Pillowcase; ____4- Sheet; ____4- Towel <input type="checkbox"/> 2- Blankets <input type="checkbox"/> 2- Oper flashlights w/ extra batt or recharger sys <div style="background-color: #cccccc; text-align: center; padding: 2px;">(2 points each)</div> <input type="checkbox"/> Reflective tape on all sides of vehicle <input type="checkbox"/> Compartment lighting (2 pts. each light out) <input type="checkbox"/> Bed pan <input type="checkbox"/> Urinal <input type="checkbox"/> 2- Emesis basins or sealable emesis containers <input type="checkbox"/> Alcohol wipes <input type="checkbox"/> Bulb syringe (separate or inside ob kit) <input type="checkbox"/> Lubricating jelly (KY) <input type="checkbox"/> 25- Triage tags (standard Iredell EMS System Tags) <input type="checkbox"/> 1 ped restraint device to safely transport pt's < 20 lbs in rear of unit. (On IMED1 & 10 if needed by Nucare or squads) <input type="checkbox"/> 2- Instagluucose Tubes <input type="checkbox"/> Handsanitizer wipes, spray, gel, or foam <input type="checkbox"/> Spray cleaner for truck disinfecting	<input type="checkbox"/> Alternative Airway Device (Surg Cric/LMA / BIAD) <input type="checkbox"/> Monitor/Defib/Pacer/12 Lead including accessories adult & ped <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> 2- IO needle (Pediatric) <input type="checkbox"/> 5- Adenosine <input type="checkbox"/> 3- Lidocaine <input type="checkbox"/> 4- Atropine <input type="checkbox"/> 2- Cardiazem <input type="checkbox"/> 1- Calcium Chloride <input type="checkbox"/> 2- Diazepam <input type="checkbox"/> 1- Dopamine <input type="checkbox"/> 2- Furosemide <input type="checkbox"/> 2 Morphine Sulfate <input type="checkbox"/> 2- Narcan <input type="checkbox"/> 2- Sodium Bicarbonate <input type="checkbox"/> 2- Solu-Medrol <input type="checkbox"/> 2- Phenergan <input type="checkbox"/> 2- Toradol <input type="checkbox"/> 2- Ativan <input type="checkbox"/> 2 - Bretylium <input type="checkbox"/> 2 - Magnesium Sulfate
(7 points each)	EMT, EMT-I, EMT-P (15 points each)	COMMENTS- FINDINGS
<input type="checkbox"/> Cleanliness - Interior <input type="checkbox"/> Equipment secured <input type="checkbox"/> 1- Broselow tape <input type="checkbox"/> Femur traction device (1 adult & 1 pedi OR 1 combo) <input type="checkbox"/> Extr. immobilization devices (splints) (Upper; Lower) <input type="checkbox"/> Sterile OB Kit with supplies <input type="checkbox"/> Fire extinguisher mounted in quick release bracket <input type="checkbox"/> Infection control kit containing the following: <i>Disinfecting hand wash,; Sharps container ; Masks;</i> <i>Disinfecting solution for cleaning equipment;</i> <i>Disposable biohazard trash bags,; Eye protection;</i> <i>Shoe covers; Jumpsuit or gown</i> <input type="checkbox"/> Glucometer with strips	<input type="checkbox"/> (BIAD) Combitube <input type="checkbox"/> 2- Epi Pens (1 adult, 1 ped) (or amps for emt-p) <div style="background-color: #cccccc; text-align: center; padding: 2px;">EMT-I, EMT-P - Section A (15 points each)</div> <input type="checkbox"/> Laryngoscope blades ____2- Adult size (1 Mac, 1 Miller); <input type="checkbox"/> 2- Ped Blades; ____ Laryng. handle w/ extra batt./ bulbs <div style="background-color: #cccccc; text-align: center; padding: 2px;">Section B (7 points each)</div> <input type="checkbox"/> 1 Meconium Aspirator <input type="checkbox"/> 1 Each ET Tube 2.5mm - 9.0mm <input type="checkbox"/> 2 each I V Catheters (14 - 24g) <input type="checkbox"/> 2- ET CO ₂ monitor or other ET placement device <input type="checkbox"/> 2- Stylettes for ET tube <input type="checkbox"/> 4- IV administration sets <input type="checkbox"/> 2- IV arm boards <input type="checkbox"/> 2- Tourniquets <input type="checkbox"/> IV pole / hook <input type="checkbox"/> Magill forceps, 1 adult, 1 pedi <input type="checkbox"/> 2- Nebulizers <input type="checkbox"/> 3- Albuterol <input type="checkbox"/> 6 Aspirin <input type="checkbox"/> 5 Bags Normal Saline (500cc or larger) <input type="checkbox"/> 2- Diphenhydramine <input type="checkbox"/> 8- Epinephrine (1:10,000) <input type="checkbox"/> 2- Glucagon <input type="checkbox"/> 2- D50 <input type="checkbox"/> 1 - D25 <input type="checkbox"/> 1- Nasal Spray Decongestant <input type="checkbox"/> 1- Nitroglycerin Spray or 4 tablets <input type="checkbox"/> 2 - Saline Flush	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 15 or more points = Noncompliant - Shutdown 10-14 points = Borderline - Recheck Within 7 Days 9 points or less = Acceptable 0 points = Fully Compliant Total Points _____ Accep/Comp _____ Border _____ Noncompliant _____ </div>
(4 points each)		
<input type="checkbox"/> Cleanliness - Exterior <input type="checkbox"/> Stair chair, folding stretcher, or extra backboard <input type="checkbox"/> Latex-free gloves / Non-sterile gloves or ____Latex Allergy Kit) <input type="checkbox"/> Heavy duty scissors <input type="checkbox"/> Adult size; ____ Pediatric size, Suction catheters <input type="checkbox"/> Rigid suction device (Yankauer) for machine <input type="checkbox"/> operated suction device OR ____Replacement containers with suction tip for handheld disposable suction device <input type="checkbox"/> Dressing; ____Bandage; ____Gauze roll; ____Tape <input type="checkbox"/> 2 - O ₂ Tubing (can be attached to BVMs) <input type="checkbox"/> 2- O ₂ cannulas Adult <input type="checkbox"/> 2- Adult size O2 masks <input type="checkbox"/> 2- Pediatric size O2 masks <input type="checkbox"/> 5 System Approved Report Forms <input type="checkbox"/> 5 System Approved Refusal Forms <input type="checkbox"/> 1 Map of Iredell County		Inspector Name Printed: _____ Inspector Signature: _____ Date Copy Sent to Agency ____/____/____ Date Copy Sent to OEMS ____/____/____ Iredell County EMS System Ambulance Inspection Report (9/03)