## PENNSYLVANIA DEPARTMENT OF HEALTH **BUREAU OF EMERGENCY MEDICAL SERVICES**

## **BLS Squad Inspection Checklist**

. GENERAL INFORMATION:	Date Stickers:
	Decals:

Name of EMS Agency:

Dominate Lettering (as displayed on EMS unit)

License Plate #: Year: Make: Model:

Vehicle Identification # (VIN):

Affiliata # .

Date Inspected:	Affiliate # :				
Regional EMS Council:		Mileage:			
	YES	NO	N/A		
	PRESENT				
	AND				
VEHICLE/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED		
Meets PA Vehicle Code 75 PA C.S.					
Exterior Markings					
Audible Warning Signal Device					
Emergency Lights					
Fire Extinguisher (1) (5# ABC dry chem or CO2) (Current Insp.)					
Current Vehicle Inspection					
Current Vehicle Insurance					
Current Vehicle Registration					
General Safety Concerns					
Bulky Items Secured					
No Smoking /Oxygen Equipped Sign (1) in front					
Fasten Seat Belts Signs (1) in front					
Radio Equipment (meets regional comm. requirements)					
	PRESENT				
	PRESENT AND				
MEDICAL SUPPLIES/EQUIPMENT		DEFICIENT	CORRECTED		
MEDICAL SUPPLIES/EQUIPMENT Current Version of Statewide EMS Protocols	AND	DEFICIENT	CORRECTED		
	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) Airways: Oropharyngeal - (to include 6 different Sizes) Size 0 (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) Airways: Oropharyngeal - (to include 6 different Sizes) Size 0 (1) Size 1 (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) Airways: Oropharyngeal - (to include 6 different Sizes) Size 0 (1) Size 1 (1) Size 2 (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) Airways: Oropharyngeal - (to include 6 different Sizes) Size 0 (1) Size 1 (1) Size 2 (1) Size 3 (1)	AND	DEFICIENT	CORRECTED		
Current Version of Statewide EMS Protocols Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results Suction Catheters: (Sterile) Rigid (2) 6 Fr. Suction Catheter (1) 8 Fr. Suction Catheter (1) 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) Airways: Oropharyngeal - (to include 6 different Sizes) Size 0 (1) Size 1 (1) Size 2 (1)	AND	DEFICIENT	CORRECTED		

	PRESENT AND		
MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Nasopharyngeal (5 different Sizes)	OI LIGHTING	DEI IOIEITI	CONTRACTED
Size 16 (1)			
Size 24 (1)			
Size 26 (1)			
Size 32 (1)			
Size 34 (1)			
Lubrication (2cc or Larger tube) sterile water soluble (2)			
Portable O2 flow meter 0-25 lpm (1)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen with a min. tank capacity of 300 liters and min. of			
500 PSI (1)			
Full Spare O2 cylinder (Min. 300 liters) (1)			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Masks (1)			
Pediatric High Concentration Mask (1)			
Infant High Concentration Mask (1)			
Adult Bag Valve Mask Device (700cc) (1)			
Pediatric Bag Valve Mask Device (700cc) (1)			
Adult Mask (1)			
Child Mask (1)			
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Infant Mask (1)			
Neonatal Mask (1)  Sphygmomanometer (interchangable are permitted)			
Child Cuff (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Penlight (1)			
Multi-Trauma (10" x 30" ) (4)			
Occlusive ( 3" x 4" ) (4)			
Sterile Gauze Pads ( 4" x 4" ) (25)			
Soft Self Adhering Gauze ( 6 rolls )			
Sterile Burn Sheets (4' x 4') (2)			
Triangular Bandages (8)			
Adhesive Tape ( 4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Commercial "Tactical" Tourniquet (2)			
Rigid/Semi Rigid Adult Neck Immobilizer -Small or Multi Size (1)			
Rigid/Semi Rigid Adult Neck Immobilizer -Medium or Multi Size (1)			
Rigid/Semi Rigid Adult Neck Immobilizer -Large or Multi Size (1)			
Rigid/Semi Rigid Peds. Neck Immobilizer -Peds or Multi Size (1)			
Sterile Water/Normal Saline- 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Sterile OB Kit (2)			
Separate Bulb Syringe (1) Sterile			
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			

	PRESENT		
	AND		
MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Blankets (2)	₫		
Emergency BLS Jump Kit (1)	₫		
Thermometer electronic, digital, non-tympanic (1)	₫		
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food			
grade substitute)			
Pulse Oximetry (1)			
Aspirin 81 mg (1 small bottle)			
AED			
Set of Adult Defibrillator Pads (1)			
Set of Pediatric Defibrillator Pads (1)			
PERSONAL PROTECTIVE EQUIPMENT			
Hand light (2)			
Hazard Warning Device (3)			
High-visibility safety apparel (1/crew member)			
Helmet (1 per crew member)			
Gloves (leather) (1 pair per crew member)			
Eye Protection - Goggles (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Ed.			
PERSONAL INFECTION CONTROL KIT			
Eye Protection - clear & disposable*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Red Bags - per infectious control plan			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
Optional Equipment			
CPAP Ventilation - portable equipment with (2) disposable masks			
Naloxone			
Electronic Glucose Meter (1)			
Epinephrine Auto Injector, Adult & Pediatric (2) of each			
	YES	NO	
Was a deficiency notification issued for this vehicle?			
Is a copy of the deficiency notification attached to this form? *			
Is a reinspection required?			
Electronic Deficiency Form Completed			
Digital Images Captured	1		
Vehicle Placed Out of Service (Per I.B. 2013-001)	1		
** All deficiencies are required to be documented on approved form	and submitted wi	th this form.	
	Inspected By:		
	, ,,,,,	(Printed	Name)
	Signature:		
	J		
	Date Forwarded	to BEMS:	
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