

Bureau of Emergency Medical Services  
**Vehicle Inspection Sheet**  
*(Equipment and Sanitation Requirements)*

BLS  ALS  INV

Approved  Disapproved

Permit No. _____	Tag No. _____	Local No. _____	Inspector _____	Date: _____
<i>Code P C D</i>	<i>Code P C D</i>	<i>Code P C D</i>	<i>Code P C D</i>	<i>Code P C D</i>
<b>Section I (BLS)</b>	B154 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 sheets	A514 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nebulizer	A515 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glucometer	<b>Section VI Airway Equipment (P Only)</b>
B101 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Portable Suction	B155 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Pillow Cases			A601 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 ea. ET tube sz 2.5-5.5 (uncut)
B102 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Disp Rigid Non Metal Suct Tips	B156 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Blankets			A602 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 ea. ET tube sz 6-8 (cut/rod)
B103 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Disp Sterile Suction Car (5-6 ft., 8-10 ft., 14-48 ft)	B157 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 5lb. Fire Ext (ABC Dry)			A603 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 10cc syringes
B104 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Fixed O2 w/reg & 300L O2 min.	B158 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2-way radio 155.340 or Acpt Alt			A604 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Syringes (var sz incl to syringe)
B105 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Port O2 w/15L flowmeter & 300L O2 min.	B159 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 folding stretcher or snir chair			A605 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 adult syleri
	B160 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bedpan, urinal, emesis basin or comm. Equal			A606 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 infant syleri
B106 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 (A) O2 masks NRB (wrapped)	B161 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AED (BLS Only)			A607 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Laryngoscope handle w/ batr
B107 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (C) O2 mask (wrapped)	B162 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lubricating jelly			A608 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 ea Miller (straight) Sizes 0-4
B108 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (I) O2 mask (wrapped)	B163 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Haz Mat Ref guide			A609 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 ea Macintosh (curved) Sizes 2-4
B109 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Nasal Cannulas (wrapped)	B164 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reflective Safety Wear			A610 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10cc non-learlock syringes
B109b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Pedi Nasal Cannula (wrapped)	B165 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Towels ( 2 min.)			A611 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All blade lights work
B110 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (A) Bag Mask Unit w/O2 Res	B166 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Triage Tags			A612 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> End-Tidal CO2 Detector (A & P)
B111 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (C) Bag Mask Unit w/O2 Res	B167 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pedi Ref Tool			A613 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 pair ea Magill Forceps (A/P)
B114 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (I) Bag Mask Unit w/O2 Res		<b>Section II Sanitation</b>		A614 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pulse Ox
B115 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (N) Bag Mask Unit w/O2 Res		B201 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean or Disp linen on car		<b>Section VII ALS-Cardiac Equipment</b>
B116 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Mouth-to-Mask vent device		B202 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean linen storage		A701 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cardiac Monitor/Defibrillator A/S
B117 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 (A) Oral Airways (wrapped)		B203 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Supplies in Closed areas		A702 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Set defibrillator pads or jell
B118 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 (C) Oral Airways (wrapped)		B204 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pillows & Mattresses		A703 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Set Chest attachment pads
B119 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 (I) Oral Airways (wrapped)		B205 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Containers for Soiled Supplies		A704 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radio Telemetry Capability (Optional)
B120 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Nasal Airway (7-9mm/28-36ft)		B206 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXI of Ambulance Clean		
B121 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Nasal Airway (3-6mm/20-26ft)		B207 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Int of Ambulance Clean		
B122 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bite Stick (wrapped)		B208 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blankets Clean		
B123 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 Trauma Dress 8"x10" min		B209 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Implements inserted into nose and/or mouth wrapped & stored		<b>Section VIII Drug Requirement (1 each)</b>
B124 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Sterile 4"x4" (individually wrapped)				A801 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sodium Bicarb (Pre-Load)
B125 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 soft roller bandage 4"		B210 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Base Station Storage Space Clean		A802 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calcium Chloride (Pre-Load)
B126 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sterile Vaseline Gauze 3"x8"		B211 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All Equipment Sanitary & Working		A803 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ephedrine (Pre-Load)
B127 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Triangle bandages or Arm Slings		B212 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Respiratory Protection (i.e. N95)		A804 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ephedrine (1:1000)
B128 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 rolls Adhesive Tape (1" & 2" min)		<b>Section III Infectious Disease</b>		A805 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Furosemide (Lasix) (Via)
B128b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 rolls hypoglycemic Tape (1" & 2" min)		<b>Precaution Materials</b>		A806 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 50% Dextrose (Pre-Load)
		B301 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 pair disp latex gloves		A807 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diphenhydramine (Benadryl) (Via)
B129 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 burn sheets (not expired)		B302 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 pair disp goggles or 4 face shields		A808 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dopamine (Amp/Pre-Load)
B130 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sterile OB Kit		B303 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Impervious gowns or aprons		A809 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Atropine (Pre-Load)
B131 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Roll Aluminum Foil		B304 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Impervious gowns or aprons		A810 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lidocaine (Pre-Load)
B132 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 1/2 cont Glucose or comm. Equal		B305 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disinfectant for hands & equipment		A811 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nitroglycerine (Nitrostat)
B133 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Activated Charcoal		B306 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 plastic bags		A812 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Naloxone (Amp/Pre-Load)
B134 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheeled Cot w/mattress x 3 straps				A813 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adenosine
B135 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (A) BP Cuff w/ Aneroid Ga		<b>Section IV ALS-Airway Equipment (ALS)</b>		A814 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bronchodilator
B136 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (C) BP Cuff w/ Aneroid Ga		A401 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 EOA, EGTA, PTL or Combitube & 35cc syringe		A815 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Analgesics (narc & non-narc)
B137 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 (I) BP Cuff w/ Aneroid Ga				A816 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anticholinergics
B138 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stethoscope		<b>Section V IV Administration (ALS)</b>		A817 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aspirin
B139 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bandage Shears		A501 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4000ml min LR &/or NS (bags)		A818 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lidocaine for Infusion
B140 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Penlight/Flashlight		A503 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 IV Admin Sets		
B141 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wall mounted fixed Aspirator		A504 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x24 ga.		<b>Section IX Invalid Vehicles</b>
B142 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 L Sterile Water or Saline		A504b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x22 ga.		<b>Non Emergency Transport</b>
B143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Cont H2O for purging		A505 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x20 ga.		1901 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 First Aid Kit
B144 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Lg Rigid Cervical Collar		A506 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x18 ga		1902 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 5lb Fire Ext (ABC Dry)
B145 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Med Rigid Cervical Collar		A507 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x16 ga.		1903 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheeled Cot w/matt x 3 straps
B146 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Sm Rigid Cervical Collar		A508 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IV Cath 1"x3"x14 ga.		1904 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 sheet
B147 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Blanket rolls or comm. Equal		A509 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 venous tourniquet		1905 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 pillow case
B148 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Traction Splint		A510 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 doz antiseptic solution pads		1906 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 blanket
B149 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 LISB w/ accessories		A511 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 IV pole or roof hook		1907 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 towels
B150 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 short spine board w/ access		A512 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Needles (var sz w/ (1) 1 1/2" for IM)		1908 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 bed pan
B151 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Kit Ext Immob Device		A513 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IV Arm Boards A/P		1909 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 urinal
B152 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold packs (2 min.)				1910 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 emesis basin
				1911 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 box disposable gloves

Comments: \_\_\_\_\_

