



### AMBULANCE INSPECTION

Date/Time In: \_\_\_\_\_

Year: \_\_\_\_\_

Lic No.: \_\_\_\_\_

Agency: \_\_\_\_\_

Make: \_\_\_\_\_

VIN: \_\_\_\_\_

Unit No.: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Call Sign: \_\_\_\_\_

Type: \_\_\_\_\_

Status: EMT / AEMT / PARAMEDIC Active / Reserve

(702) 759-1050 Phone - (702) 759-1413 Fax

#### EMT LIFE SUPPORT EQUIPMENT

VENTILATION/AIRWAY				
Pass	No.	Req.	Inventory Item	CAT
	1	1	Fixed O2 (200 lbs. minimum) *	A
	2	1	Portable O2 (1,000 lbs. minimum)	A
	3	1	Adult Cannula	A
	4	1	Adult High Concentration Mask	A
	5	1	Child High Concentration Mask	A
	6	1	Infant High Concentration Mask	A
	7	1	Adult Bag/Valve Resuscitator with Mask	A
	8	1	Child Bag/Valve Resuscitator with Mask	A
	9	1	Infant Clear Mask	A
	10	1	Small Infant Clear Mask	A
	11	1	Fixed Suction *	A
	12	1	Portable Suction (Battery Operated)	A
	13	1	Pharyngeal Tip or Equivalent	A
	14	1ea	Suction Catheter 5/6, 8, 10, 14, 18 F	A
	15	1	Bulb Syringe/may be in OB kit	A
	16	1ea	Oral Airways (5 sizes) 40, 60, 80, 90, 100 mm	A
	17	1ea	Nasal Airways w/lub (3 sizes) 24, 28, 32 F	B
	18	1	Bite Block or Equivalent	A
	19			
	20			
	21			

DRESSING				
Pass	No.	Req.	Inventory Item	CAT
	37	1	ABD-Trauma Dressings	A
	38	20	4 x 4's	A
	39	2	Roller Bandage, Kling/Kerlix Type	A
	40	1	Vaseline Gauze 3" x 9"	A
	41	1	Adhesive Tape 1"/wider	A
	42	1	Hypoallergenic Tape	A
	43	1	Triangular Bandage	B
	44	1	Burn Sheet/Pack	A
	45	1	Tourniquet or equivalent	A

IMMOBILIZATION DEVICES				
Pass	No.	Req.	Inventory Item	CAT
	46	1	Adult Traction Splint *	B
	47	1	Arm Splints ****	A
	48	1	Leg Splints ****	A
	49	1	Long Board **** (min. 3 safety straps)	A
	50	1ea	C-Collars (6 sizes) Baby No Neck, Pediatric, No Neck, Short Adult, Reg. Adult, Tall Adult****	
	53	4	Soft Restraints or equivalent	B
	54			
	55			

PATIENT ASSESSMENT				
Pass	No.	Req.	Inventory Item	CAT
	22	1ea	Adult BP Cuff, Regular & Extra Large	A
	23	1	Pediatric BP Cuff	A
	24	1	Adult Stethoscope	A
	25	1	Flashlight	A
	26	1	Bandage Scissors	B
	27	1	Thermometer or Temperature Monitoring Dev.	B
	108	1	Chem Strips or Glucose Monitoring Device	B
	216	1	Pulse Oximeter (may be with monitor)	A

MISCELLANEOUS				
Pass	No.	Req.	Inventory Item	CAT
	56	1	For Each Crew Member: PPE, Gloves, Masks, Gown, Eye Protection	A
	58	1	Saline Irrigation, (1,000 ml minimum)	B
	59	1	Drinking Water, (1,000 ml minimum)	B
	60	1	Fire Extinguisher	A
	61	2	Cold Packs	B
	62	1	Emesis Container *	B
	63	1	Sharps Container	A
	64	1	Wheeled Stretcher (min. 2 safety straps) * ****	A
	65	2	Biohazard Bags	B
	66		Is Vehicle Sanitary? YES / NO	
	67		External Emergency Lights and Siren	B
	68		Environmental Package (Air Only)	B
	69		Survival Kit (Air Only)	B
	109	1	Auto External Defibrillator	A
	71			

OBSTETRICAL				
Pass	No.	Req.	Inventory Item	CAT
	30	1	OB Kit (Sterile)	A
	31	1	Infant Swaddler	A
	32	1	Portawarmer Type	A
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	34			
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#### AEMT LIFE SUPPORT EQUIPMENT

Pass	No.	Req.	Inventory Item	CAT
	101	2	IV Tubing (Macro/Micro)	A
	102	2ea	IV Catheters (24, 22, 20, 18, 16, 14 Gauge)	A
	103	1	3 or 4-way Stopcock	A
	104		Skin Prep Materials	B
	105	1	Saline Lock Set	A
	106	1ea	Drug Injection Equipment (TB, 3cc, 10cc, 60cc)	A
	107	1ea	Extraglottic Airway Device (Reg/Sm. adult equ)	A
	110	1ea	Aerosol Masks with Nebulizers (Adult/Ped)	A
	110	1	Hand-held Nebulizer	A
	111	1	End-Tidal CO2 Detection Device (Adult)	A
	112	2	Extension Tubing	A
	114	2	Mucosal Atomization Device (transport - 4)	A
	115			
	116			
	117			
	118			
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	120			

AEMT FLUIDS/MEDICATIONS				
Pass	No.	Req.	Inventory Item	CAT
	400	2L	Normal Saline	A
	401	1	Oxymetazoline (Afrin)	A
	404	1	Aspirin (81mg tabs) 36 tab bottle**	A
	406	2	Benadryl (Diphenhydramine) 50 mg/ml **	A
	409	2	10% Dextrose 25 gm/250 ml	A
	411	4	Epinephrine 1:1000 1 mg/ml	A
	412	1	Epinephrine 1:10,000 1 mg/10 ml	A
	416	1	Glucagon 1 mg/ml	A
	417	1	Glucose (Oral) 25gm	A
	425	3	Narcan (Naloxone) 2 mg/2 ml	A
	430	2	Proventil (Albuterol) 2.5 mg/3 ml	A
	432	2	Sodium Chloride Flush 3 ml	A

PARAMEDIC LIFE SUPPORT EQUIPMENT				
Pass	No.	Req.	Inventory Item	CAT
	218	2ea	IV Tubing (Macro/Micro)	A
	201	1	Monitor (as listed in th official inventory)	A
	202	1	Intubation Kit (as listed on the official inventory)	A
	220	1	CPAP	A
	113	1	End-Tidal CO2 Detection Device (Pediatric)	A
	205	1	Flex-Guide Type Intubating Stylette	B
	206	1	Device to Secure ETT	B
	207	1	Chest Decompression Kit - 2-3/4" 14 Gauge o	B

#### PARAMEDIC LIFE SUPPORT EQUIPMENT (cont.)

Pass	No.	Req.	Inventory Item	CAT
	208	1	Adult Needle Cricothyroidotomy Kit	A
	209	1	Pediatric Needle Cric Kit	A
	210	1	Jet Insufflator ***	B
	211	1	Broselow Tape or Equivalent	B
	212	1	Meconium Aspirator	A
	213	1ea	Salem Nasogastric Tube 10, 12, 14, 18F	B
	214	1	No. 5 or 8 French Feeding Tube	A
	215	2ea	IO Needles (adult & pediatric)	A
	217	1	In-Line Nebulizer	A
	219	1	E-Z IO Drill	A

PARAMEDIC FLUIDS/MEDICATIONS				
Pass	No.	Req.	Inventory Item	CAT
	437	2	50ml Normal saline	A
	402	3	Adenocard (Adenosine) 6 mg/2 ml	A
	403	4	Amiodarone (Cordarone) 150 mg/3 ml	A
	405	2	Atropine 1 mg/10 ml	A
	407	1	Calcium Chloride 1 gm/10 ml	A
	410	1	Dopamine (Intropin) 400 mg/250 cc D5W	A
	413	6	Epinephrine 1:10,000 1 mg/10 ml	A
	414			
	445	1	Ipratropium Bromide 2.5 ml of 0.02% OR	A
	446	1	Ipratropium Bromide & Albuterol 0.5 mg/3.0 mg/3ml	A
	415	2	Etomidate (Amidate) 20 mg/10 ml	A
	422	1	Lidocaine Lubricant 2%	A
	423	1	Magnesium Sulfate 5 gm/10 ml	A
	424	2	Morphine 10 mg/ml	A
	426	1	Narcotic Record Book	A
	427	1	Neo-Synephrine	A
	428	1	Nitro Spray or Tablet	A
	443	2	Ondansetron (Zofran) 4 mg/2 ml	A
	431	2	Sodium Bicarb 8.4% 50 mEq/50 ml	A
	436	2	Versed (Midazolam) 5 mg/ml	A
	444	2L	Chilled Saline (33-35) *	A

ALTERNATE PARAMEDIC FLUIDS/MEDICATIONS				
Pass	No.	Req.	Inventory Item	CAT
	447	4	Diazepam 5 mg/ml	A
	448	1	Droperidol 5 mg/2ml	A
	449	1	Fentanyl Citrate 0.05 mg/2ml	A
	450	1	Hydromorphone 1 mg/ml	A
	451	1	Ketamine 50mg/ml 10 ml vial	A

\* Non Transport Vehicles Exempt

\*\* EMT Drug Inventory

\*\*\* Rotor Wing Exempt

\*\*\*\* Fixed Wing Exempt

Comments: \_\_\_\_\_  
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THIS UNIT IS HEREBY REMOVED FROM SERVICE UNTIL A SATISFACTORY INSPECTION IS OBTAINED.

THIS UNIT HEREBY SATISFIES SNHD INVENTORY/INSPECTION REQUIREMENTS.

DATE/TIME OUT:	INSPECTOR:	ACKNOWLEDGED BY:	PRINT NAME:
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