



AMBULANCE INSPECTION

Date/Time In: _____
 Agency: _____
 Unit No.: _____
 Call Sign: _____

Year: _____
 Make: _____
 Model: _____
 Type: _____
 Lic No.: _____
 VIN: _____
 Color: _____
 Status: **EMT / AEMT / PARAMEDIC Active / Reserve**

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

EMT LIFE SUPPORT EQUIPMENT

VENTILATION/AIRWAY					DRESSING				
Pass	No.	Req.	Inventory Item	CAT	Pass	No.	Req.	Inventory Item	CAT
1	1		Fixed O2 (200 lbs. minimum) *	A	37	1		ABD-Trauma Dressings	A
2	1		Portable O2 (1,000 lbs. minimum)	A	38	20		4 x 4's	A
3	1		Adult Cannula	A	39	2		Roller Bandage, Kling/Kerlix Type	A
4	1		Adult High Concentration Mask	A	40	1		Vaseline Gauze 3" x 9"	A
5	1		Child High Concentration Mask	A	41	1		Adhesive Tape 1"/wider	A
6	1		Infant High Concentration Mask	A	42	1		Hypoallergenic Tape	A
7	1		Adult Bag/Valve Resuscitator with Mask	A	43	1		Triangular Bandage	B
8	1		Child Bag/Valve Resuscitator with Mask	A	44	1		Burn Sheet/Pack	A
9	1		Infant Clear Mask	A	45	1		Tourniquet or equivalent	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									

PATIENT ASSESSMENT					IMMOBILIZATION DEVICES				
Pass	No.	Req.	Inventory Item	CAT	Pass	No.	Req.	Inventory Item	CAT
22	1ea		Adult BP Cuff, Regular & Extra Large	A	46	1		Adult Traction Splint *	B
23	1		Pediatric BP Cuff	A	47	1		Arm Splints ****	A
24	1		Adult Stethoscope	A	48	1		Leg Splints ****	A
25	1		Flashlight	A	49	1		Long Board **** (min. 3 safety straps)	A
26	1		Bandage Scissors	B	50	1ea		C-Collars (6 sizes) Baby No Neck, Pediatric, No Neck, Short Adult, Reg. Adult, Tall Adult****	
27	1		Thermometer or Temperature Monitoring Dev.	B					
28	1		Chem Strips or Glucose Monitoring Device	B					
216	1		Pulse Oximeter (may be with monitor)	A					

OBSTETRICAL					MISCELLANEOUS				
Pass	No.	Req.	Inventory Item	CAT	Pass	No.	Req.	Inventory Item	CAT
30	1		OB Kit (Sterile)	A	56	1		For Each Crew Member: PPE, Gloves, Masks, Gown, Eye Protection	A
31	1		Infant Swaddler	A	58	1		Saline Irrigation, (1,000 ml minimum)	B
32	1		Portawarmer Type	A	59	1		Drinking Water, (1,000 ml minimum)	B
33					60	1		Fire Extinguisher	A
34					61	2		Cold Packs	B
35					62	1		Emesis Container *	B
36					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				

* Non Transport Vehicles Exempt

** EMT Drug Inventory
 Proventil (Albuterol) 2.5 mg/3 ml

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				
119				
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 (AEMT/Para)	A
452	1		Narcan (Naloxone) 4 mg Intranasal (EMT only)	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 inventor	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 Cricothyrotomy 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

*** Rotor Wing Exempt

**** Fixed Wing Exempt

Comments: _____

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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