



BLS Ground Ambulance Inspection Form

Name of Provider: _____ Inspection Date: _____ Location: _____

Unit #: _____ License Number: _____

VEHICLE INFORMATION: Mileage: _____ CHP Inspection Date: _____ Communications Check: _____

Year: _____ Make: _____ VIN #: _____

General Condition and Cleanliness: _____

Exterior/Exterior Compartments: _____

Interior/Interior Compartments: _____

Patient Compartment Doors (*hinges, gaskets, latches, and pins*): _____

Other: _____

	STANDARD INVENTORY For GROUND AMBULANCES	BLS	MEETS STANDARDS/COMMENTS
1.	KED	1	
2.	Scoop Stretcher	1	
3.	Spinal Immobilization Board	2	
4.	Backboard Straps	3 sets	
5.	Pediatric Immobilization Device	1	
6.	Patient Carry Tarp	1	
7.	Burn Pack (clean sheets, towels, gown, sterile gloves)	1	
8.	Rigid Collars adjustable – Adult and Pediatric	2 each	
9.	Foam Head Restraints or Comparable Device	3	
10.	Cold Packs	4	
11.	Hot Packs	4	
12.	Traction Splints (adult & pediatric)	1 each	
13.	Rigid Extremity Splints (leg & arm, pediatric and adult)	1 each	
14.	Petroleum Jelly Gauze (Sterile)	2	
15.	5 x 9 ABD Pad	4	

	STANDARD INVENTORY For GROUND AMBULANCES	BLS	MEETS STANDARDS/COMMENTS
16.	4 x 4 Sterile Compress	4	
17.	4" Curlex Rolls	2	
18.	Bandage Shears	1	
19.	10 x 30 inch or Large Universal Dressing	2	
20.	Rolls of Tape – one must be hypoallergenic	Assorted	
21.	4 x 4's Non-Sterile	1 package	
22.	Hemostatic Dressings	2	
23.	Triangular Bandage	2	
24.	Exam gloves (Small, Medium, Large, and X-Large)	1 box each size	
25.	Non-Latex Exam Gloves (Small, Medium, Large and X-Large)	2 pairs each	
26.	Thermometer, Medical Grade Non-Contact Infrared Forehead	1	
27.	OB Commercial/Pre-packaged pack meeting Title 13, Section 1103.2(a)(16) requirements that also includes survival blanket and scalpel	1	
28.	Oral Pharyngeal Airways (sizes 00 through 6)	1 set	
29.	Nasal Pharyngeal Airways (sizes peds through adult)	1 set	
30.	Bag-Valve Device (Adult, Pediatric, neonate)	1 each	
31.	Wall Mounted Flow Meters, Capable of 0-15 Liter Per Minute Flow	2	
32.	Nasal Cannulas (adult)	2	
33.	Nasal Cannulas (pediatric)	2	
34.	Oxygen Mask with Reservoirs (adult and pediatric)	2 each	
35.	Oxygen Supply > 10 liters/min x 20 minutes	1	
36.	Portable Oxygen Supply with Bottle and Regulator	2	
37.	Wrench for Oxygen Valve	1	
38.	Suction Handle Tip Rigid Catheters	2	
39.	Non-collapsible suction tubing	2	
40.	Suction devices, stationary & portable.	1 each	
41.	Bite stick	1	
42.	Perilaryngeal or Supraglottic Airway Device - King Airway or I-Gel manufacturer recommended sizing – Adult and Pediatric	1 each size	
43.	CPAP device capable of delivering adjustable pressures ranging from 5 - 10 cm H ₂ O with FiO ₂ concentrations equal to or greater than 30% oxygen and capable of fitting small, medium and large adult sizes .	1 each	
44.	Water soluble lubrication jelly	3	
45.	Blood Pressure cuff adult	2	

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46.	Blood Pressure cuffs pediatric and extra long	1 each	
47.	Stethoscope	1	
48.	Normal Saline for Irrigation 1000 ml	2	
49.	Sheets, pillows, pillowcases, towels	2 sets	
50.	Blankets	2	
51.	Ankle and wrist restraints	1 set	
52.	Emesis Basin/Bag	4	
53.	Bedpan	1	
54.	Urinal	1	
55.	Antibacterial disinfectant solution for cleanup	1	
56.	EpiRite Syringe	2	
57.	Pulse Oximeter	1	
58.	Glucose Monitoring System	1	
59.	Aspirin (chewable) tablets	16 tablets	
60.	Epinephrine 1:1,000 (1 mg/ml)	2 mg	
61.	Instant Glucose	2 tubes	
62.	Mucosal Atomizer 3ml	2	
63.	Naloxone (Narcan)	4 mg	
64.	Betadine Preps	5	
65.	Band-Aids Miscellaneous sizes	1 package	
66.	AED with extra set of Pediatric and Adult pads	1	
67.	MCI Kit containing the following: Set of five MCI vests per Agency Policy 810.00; 25 triage tags; Set of ICS Forms as specified in MVEMSA Policy 810.00; Complete set of oral airways ranging from sizes 0-6; 4 additional airways in each of the following sizes 4,5,6; 4 - 4 x 4 trauma compresses with ties; 4 - Tourniquets; Pair of bandage scissors/shears;	1	
68.	Radio able to communicate with authorized dispatch center in area of operation.	1	
69.	Radio able to transmit and receive communications on appropriate med-net frequencies and private line tones with hospitals and DCF in unit's service area and surrounding counties. Radios used for communication with hospital must be accessible in the patient compartment.	1	
70.	Portable radio able to transmit and receive communications with authorized dispatch center in area of operation.	1	

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71.	Cell Phone in compliance with contractual requirements	1	
72.	Satellite Phone - Optional	1	

BLS Ground Ambulance

D. Recommended Inventory

The following matrix contains equipment and medical supplies recommended to be available to EMS responders on their person, in the unit, or in quarters for dispatch to the scene if necessary.

Recommended ITEMS per person	Carried, Stored in Unit or In Quarters	
Hard hat – Work helmet (Blue)	Unit	1 per person
Eye Protection	Carried	1 per person
Hearing Protection	Carried	1 per person
Body Garment(uniform blue)	Carried	1 per person
Garment – single use	Unit	1 per person
Hooded, chemical resistant clothing	Quarters	1 per person
Jacket – EMS w/reflective stripes	Unit	1 per person
Gloves – chemical-protective Nitrile	Unit	1 box
Gloves work	Unit	1 pair per person
Footwear worn	Carried	1 pair per person
Footwear covers	Unit	1 pair per person
N-100 or N-95 mask	Unit	5
Escape Hood	Carried	1 per person
Flashlight or headlamp	Carried	1 per person
Knife, folding	Carried	1 per person
Scissors/Shears	Carried	1 per person
Stethoscope	Carried	1 per person
Personal communication device (radio)	Carried	1 per person
Mark I Auto-injector Kit	Unit	1 per person
Recommended Extended Operations Equipment		
Daypack – “GO” pack for the following equipment		1
One quart water		1
One water purification unit		1
One set of rain gear		1
Set of emergency garments		1
MRE's for 72 hrs.		1
1 set ear protection		1
Mark I Auto-injector Kit		1
Field Operations Guide (FOG)		1

Check Appropriate Box	Finding
	PASS – Vehicle met all of the requirements of MVEMSA Policy 407.00 - Ground Ambulance Equipment and Medical Supply Inventory
	INITIAL FAILURE – PASS UPON IMMEDIATE RESUPPLY – Vehicle did not meet the minimum requirements outlined in MVEMSA Policy 407.00 – Ground Ambulance Equipment and Medical Supply Inventory at the time of inspection. Vehicle was able to immediately be re stocked with missing equipment and/or drugs. Please list the equipment and/or drugs that were missing during the initial inspection:
	FAILURE – OUT OF SERVICE – Vehicle did not meet the minimum requirements outlined in MVEMSA Policy 407.00 – Ground Ambulance Equipment and Medical Supply Inventory at the time of initial inspection and Provider was not able to immediately re stock the vehicle. If inspection results in a finding of “Failure – Out of Service”, the Provider must notify the Response and Transport Coordinator at 209-988-6338 within 2 hours of said finding.

I hereby certify under penalty of perjury that all information on this inspection form is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause a finding of being in material breach of our company’s ambulance provider agreement.

Inspection Conducted By: _____ **Date:** _____

I hereby certify under penalty of perjury that all information on this inspection form is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause a finding of being in material breach of our company’s ambulance provider agreement.

Provider Manager or Supervisor Signature: _____ **Date:** _____