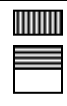


STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ **Inspection Date:** ____/____/____ **Phone:** (____) ____-____
County: _____ **Type of Inspection:** Initial Reinspection Random Complaint Announced Unannounced
Vehicle Information: Transport Non-Transport Unit# _____ **Year/Make** _____ **Permit Type** _____ **Permit#** _____
VIN _____ **Tag#** _____

Inspection Codes:
1 = Item meets inspection criteria.
1a = Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:
1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures



Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1.			Minimum = One EMT and One Driver
2.			
3.			

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)	d. Roller gauze
1. Exhaust System	e. ABD (minimum 5x9 inch) pads
2. Exterior Lights:	2. One pair of Bandage Shears
A. Head lights (high and low beam)	3. One set each, patient restraints – wrist and ankle
B. Turn signals	4. One each blood pressure cuffs: infant, pediatric, and adult.
C. Brake Lights	5. One stethoscope: pediatric and adult
D. Tail Lights	6. Blankets
E. Back-up lights and audible warning device	7. Sheets. (not required on non-transport vehicles)
3. Horn	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)
4. Windshield wipers	9. One disposable blanket or patient rain cover.
5. Tires	10. One long spine board and three straps or equivalent.
6. Vehicle free of rust and dents	11. One short spine board and two straps or equivalent.
7. Two-way radio communication – radio test	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.
A. Hospital (cab and patient compartment)	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.
B. Dispatch Center	14. Two portable oxygen tanks, “D” or “E” cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.
C. Other EMS units	15. Each transparent oxygen masks; adult, child and infant sizes, with tubing
8. Emergency Lights	16. Set of pediatric and adult nasal cannulae with tubing.
9. Siren	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.
11. Doors open properly, close securely.	19. Assorted sizes of extremity immobilization devices.
12. Rear and side view mirrors.	20. One lower extremity traction splint. (Pediatric and Adult)
13. Windows and windshield	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).	22. Burn sheets.
1. Primary stretcher and three straps.	23. One flashlight with batteries.
2. Auxiliary stretcher and two straps.	24. Occlusive dressings.
3. Two ceiling mounted IV holders.	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult
4. Two no-smoking signs.	26. One installed oxygen with regulator gauge and wrench, minimum “M” size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)
5. Overhead grab rail.	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.
6. Squad bench and three sets of seat belts.	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.
7. Interior lights.	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.
8. Exterior floodlights.	30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult
9. Loading lights.	31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.
10. Heat and air conditioning with fan.	31a. Pediatric length based measurement device for equipment selection and drug dosage
11. Word-“Ambulance” – sides, back and mirror image front.	
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)	
1. Installed suction. (Transport only)	
2. Items 4, 14, 17, 18 and 26 in section II must be tested.	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)	33. One bulb syringe separate from obstetrical kit.
1. Bandaging, dressing and taping supplies:	34. One thermal absorbent reflective blanket.
a. Rolls adhesive, silk or plastic tape.	35. Two multi-trauma dressings.
b. Sterile gauze pads, any size	GENERAL SANITATION (Section 401.26(2)(e), F.S.
c. Triangular bandages	I. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ **Date:** _____
Inspected By: _____ **Date:** _____