



Mesa County Ambulance Inspection Checklist

Agency Name: _____ Date: _____

Providing service in the following ASA(s):

Central Orchard Mesa _____ City of Grand Junction _____ Clifton _____ Debeque _____
 Gateway-UnawEEP _____ Lands End _____ Lower Valley _____ Palisade _____
 Plateau Valley _____ All of the Above _____

Unit No.: _____ VIN: _____ License Plate No. _____ Exp. Date: _____

Ambulance Make: _____ Model: _____ Year: _____

Insurance Company: _____ Policy No.: _____ Exp. Date: _____

Basic Life Support: _____ Advanced Life Support: _____

Basic Life Support Checklist

Emergency Systems:

- ___ Running Lights
- ___ Emergency Lights
- ___ Siren
- ___ Radio Communications appropriate for jurisdiction served.
- ___ 3 Triangular warning reflectors or devices
- ___ Extrication Equipment (optional)
- ___ Spare tire, changing tools, roadside service
- ___ Fire Extinguisher (ABC 2 x 5 lbs. or 1 x 10 lb.)
(One accessible from pt. comp't. & one the exterior)
- ___ Oxygen (house supply)
- ___ 2 Flashlights w/ spare batteries and bulb

OB Set

- ___ Umbilical Tape ___ Cord Clamps
- ___ Neonate Stocking Cap

Splints and Immobilization Equipment:

- ___ Long spine board w/ straps
- ___ Short spine board w/ straps or KED
- ___ Scoop stretcher w/ straps
- ___ Rigid cervical collars; adults and peds
- ___ Head immobilization devices; adults and peds
- ___ Assorted splints and arm boards
- ___ Traction splint, lower extremity w/ ankle
- ___ Infant car seat (per state guidelines)
- ___ Adjustable gurney (4 – 6 wheels)
- ___ Blankets (4)

Diagnostic Equipment:

- ___ Blood pressure cuffs
- Ad. Lg. ___ Ad. Reg. ___ Ped. ___ Inf. ___
- ___ Stethoscope
- ___ Diagnostic penlight
- ___ BSI Equipment (eyewear, HEPA masks, gowns, including non-sterile latex free gloves)

Dressings and Bandages:

- ___ Bandages, roller, self-adhesive
- ___ Multi-trauma dressing (10x36)
- ___ Triangular bandages
- ___ Sterile 4 x 4's
- ___ Adhesive tape 2" ___ 1" ___
- ___ Sterile burn sheets
- ___ Heavy Bandage Scissors
- ___ Examination Gloves (sm,med,lge,xl)

Airway Management:

- ___ Suction unit; house ___ portable ___
- ___ Rigid suction tips
- ___ Soft catheters; Fr. 6, 8, 10, 12, 14
- ___ Bulb suction
- ___ Portable oxygen
- ___ Airways; NPA's and OPA's , adult to infant sizes
- ___ Nasal cannula; adult ___ peds ___
- ___ Oxygen NRB masks, adult ___ child ___
- ___ Ambu-bag: 500 cc ___ 750 cc ___
1000cc ___with masks and oxygen reservoir

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Advanced Life Support Checklist:

All of the Basic Life Support Equipment

Airway Management:

- Chest decompression or kit
 Angiocath: _____
- Cricothyrotomy tray or kit

- Laryngoscope and blades; adults and peds
 curved and/or straight
- Endotracheal tubes (2 of each)
 - 2.5 6.0 w/ stylet
 - 3.0 6.5 w/ stylet
 - 3.5 7.0 w/ stylet
 - 4.0 7.5 w/ stylet
 - 4.5 8.0 w/ stylet
 - 5.0
 - 5.5
- Magill forceps; adult peds

- Nebulizer
- End tidal CO² detector

IV Fluids and Equipment:

- Blood pumps or equivalent
- NaCl or LR, 1000 ml bags
- Sharps Container
- Adult and peds IV arm boards

Monitor/Defibrillator Operational Check:

- Make and Model: _____
- Monitor Serial #: _____

- Defib. Serial #: _____

- Pulse Oximeter w/ adult & peds probes
- Adult paddles or pads
- Presentation (monitor view)
- Strip chart recorder

- Date of last service: _____

Miscellaneous Equipment:

- Disaster pack (triage tags)

- Pediatric drug dosage tape
Type: _____ Date: _____

- Electronic blood glucose measuring device

Medications:

See attached and verified medication list approved by the Mesa County EMS Medical Director.

Other comments: _____

Approved: YES ALS Approved effective until: _____
 NO BLS
 Re-inspection required Date: _____

Agency Representative Signature

Date

Mesa County Representative Signature

Date