

Pennsylvania Department of Health
Bureau of EMS
Squad Inspection Checklist and
Deficiency Notification (if required)

| | | | | |
|--|-----------------|--|------------------|--------------|
| Name of EMS Agency: | | | | |
| Dominant Lettering (as displayed on EMS unit): | | | | |
| | | | | |
| License Plate # : | | Year: | | |
| Vehicle Identification # (VIN): | | Make: | | |
| | | Model: | | |
| | | Unit Number (if applicable): | | |
| Date Inspected: | | Deficiency Key*: B = Broken E = Expired M+# = Missing - # indicates how many items are missing (Ex. M1) O = Other - include a note if using other | | |
| Regional EMS Council: | | | | |
| Name of Inspector(s): | | | | |
| Critical Criteria for Out-of-Service (OOS) consideration (non-inclusive list) - Contact BEMS to place vehicle OOS | | | | |
| Vehicle | VERIFIED | DEFICIENT* | CORRECTED | NOTES |
| Current Pennsylvania Vehicle Safety Inspection | | | | |
| Current Vehicle Insurance - digital copy is acceptable, if on tablet or computer that remains in vehicle | | | | |
| Current Vehicle Registration - digital copy is acceptable, if on tablet or computer that remains in vehicle | | | | |
| General Vehicle Safety Concerns | | | | |
| Exterior Markings | | | | |
| "EMS Squad", "Paramedic", "ALS Squad", "BLS Squad" or "Paramedic Rescue" in mirrored images 4 inches or higher centered above grill and on the rear of the vehicle | | | | |
| Star of Life (3 inches or higher): | | | | |
| One (1) on right and left exterior sides | | | | |
| Two (2) on the front | | | | |
| Two (2) on the rear | | | | |
| Legal Name or registered fictitious name in 3"+ letters on right and left exterior sides | | | | |
| DOH licensure decals on right and left exterior sides | | | | |
| Audible Warning Signal | | | | |
| Lights | | | | |
| Exterior Lights (Chapter 45 - Title 75 §4571(a), (b)(3), (3.2)) | | | | |
| Permitted: 1 or more revolving or flashing red lights; flashing red lights in reverse lamp assemblies; flashing headlamps, flashing or revolving white or clear lights, steady burning lights, traffic-control emergency directional lights, amber lights and intersection lights | | | | |
| Not permitted: combination red & blue lights; flashing or revolving lights mounted internally (with the exception of fire based agencies) | | | | |
| Fire Extinguisher (1) (5# ABC dry chem or CO2) | | | | |
| Ability to secure all bulky items when vehicle is in motion | | | | |
| No Smoking/Oxygen Equipped Sign - in cab of vehicle | | | | |
| Fasten Seat Belts Signs - in cab of vehicle (1) | | | | |
| Radio Equipment (meets regional communication requirements) | | | | |

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| Interior | VERIFIED | DEFICIENT* | CORRECTED | NOTES |
|---|----------|------------|-----------|-------|
| BLS EQUIPMENT | | | | |
| Current Version of Statewide EMS Protocols - digital copy is acceptable, if on tablet or computer that remains in vehicle | | | | |
| Portable Suction Unit (1) (300mm/Hg in 4 sec.) Results: | | | | |
| Suction Catheters (sterile): | | | | |
| Rigid (2) | | | | |
| 6 Fr. Suction Catheter (1) | | | | |
| 8 Fr. Suction Catheter (1) | | | | |
| 10 Fr. Suction Catheter or 12 Fr. Suction Catheter (2) | | | | |
| 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) | | | | |
| Oropharyngeal airways (6 different sizes) | | | | |
| Size 0 (1) | | | | |
| Size 1 (1) | | | | |
| Size 2 (1) | | | | |
| Size 3 (1) | | | | |
| Size 4 (1) | | | | |
| Size 5 (1) | | | | |
| Nasopharyngeal (5 different sizes) | | | | |
| Size 16 (1) | | | | |
| Size 24 (1) | | | | |
| Size 26 (1) | | | | |
| Size 32 (1) | | | | |
| Size 34 (1) | | | | |
| Lubrication (2cc or larger tube, sterile water soluble) (2) | | | | |
| Non-Sparking wrench/tank opening device (1) | | | | |
| Portable Oxygen with a minimum tank capacity of 300 liters and minimum of 500 PSI (1) | | | | |
| Full spare O2 cylinder with a 300 Liters capacity (1) | | | | |
| Portable O2 cylinders secured in vehicle | | | | |
| Adult nasal cannula (1) | | | | |
| Pediatric nasal cannula (1) | | | | |
| Adult high concentration mask (1) | | | | |
| Pediatric high concentration mask (1) | | | | |
| Infant high concentration mask (1) | | | | |
| Adult Bag-Valve-Mask device (700cc) (1) | | | | |
| Adult mask (1) | | | | |
| Pediatric Bag-Valve-Mask device (450cc) (1) | | | | |
| Child mask (1) | | | | |
| Infant mask (1) | | | | |
| Neonatal mask (1) | | | | |

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| Sphygmomanometer (interchangeable gauges are permitted) | | | | |
| Child cuff (1) | | | | |
| Adult cuff (1) | | | | |
| Thigh (large) cuff (1) | | | | |
| Adult stethoscope (1) | | | | |
| Pediatric stethoscope (1) OR (1) double bell with adult and pediatric bell | | | | |
| Penlight (1) | | | | |
| Multi-Trauma (10" x 30") (4) | | | | |
| Occlusive (3" x 4") (4) | | | | |
| Sterile Gauze Pads (4" x 4") (25) | | | | |
| Soft self-adhering (6 rolls) | | | | |
| Sterile burn sheets (4' x 4') (2) | | | | |
| Triangular bandages (8) | | | | |
| Adhesive tape (4 rolls assorted, 1 must be hypoallergenic) | | | | |
| Bandage shears (1) | | | | |
| Commercial "Tactical" tourniquet (2) | | | | |
| Neck Immobilizers | | | | |
| Small or multi-size | | | | |
| Medium or multi-size | | | | |
| Large or multi-size | | | | |
| Pediatric | | | | |
| Sterile water/Normal saline - 2 Liters | | | | |
| Cold packs, chemical (4) | | | | |
| Heat packs, chemical (4) | | | | |
| Sterile OB kit (2) | | | | |
| Separate bulb syringe, sterile (1) | | | | |
| Thermal blanket/silver swaddle OR roll of sterile aluminum foil (1) | | | | |
| Blankets (2) | | | | |
| Pulse oximetry (1) | | | | |
| Emergency jump kit (1) | | | | |
| Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute) | | | | |
| Aspirin, oral | | | | |
| AED - dual function adult/pediatric AED acceptable | | | | |
| Adult defibrillator pads (1) | | | | |
| Pediatric defibrillator pads (1) | | | | |
| Alcohol prep pad (10) | | | | |
| Thermometer, electronic digital non-tympanic (1) | | | | |

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| Hand light (2) | | | | |
| Road-hazard warning device (3) (flares, safety triangles, etc) | | | | |
| Regional approved triage tags (20) | | | | |
| Current Emergency Response Guidebook-digital acceptable, if it remains with vehicle | | | | |
| Personal Protection Equipment (1 per crew member) | | | | |
| Helmet | | | | |
| Eye protection | | | | |
| Gloves | | | | |
| Personal Infection Control (1 per crew member) | | | | |
| Eye protection - clear & disposable | | | | |
| Gown/coat | | | | |
| Surgical cap/foot coverings | | | | |
| Exam gloves | | | | |
| N-95 respirator mask | | | | |
| Red bags, per infection control plan | | | | |
| Hand disinfectant/cleaner, non-water (1 container) | | | | |
| BLS Optional Equipment per PA Protocols | | | | |
| 12-lead monitor with transmit capabilities (as authorized and credentialed by agency medical director) | | | | |
| Activated charcoal | | | | |
| CO Monitor (as authorized and credentialed by agency medical director) | | | | |
| CPAP Ventilation - portable equipment with (2) disposable masks (as authorized and credentialed by agency medical director) | | | | |
| Electronic Glucose Meter (1) (as authorized and credentialed by agency medical director) | | | | |
| Auto Injector, Adult (1) | | | | |
| Auto Injector, Pediatric (1) OR | | | | |
| "Check and Inject Kit" - must be in specially marked kit/case (as authorized and credentialed by agency medical director and verified by the regional EMS council) | | | | |
| Two (2) 1 mg/mL vials | | | | |
| Five (5) alcohol prep pads | | | | |
| Two (2) sterile needles | | | | |
| Two (2) Sterile Syringes marked only for dose of 0.15mg or 0.3mg | | | | |
| OR for glass ampules | | | | |
| Two (2) sterile filter needles or straws | | | | |
| Gauze or Commerical Shielding | | | | |
| Glucagon Nasal Powder Spray or Autoinjector (as authorized and credentialed by agency medical director) | | | | |
| Hemostatic Agent (approved by the agency medical director) | | | | |
| Naloxone - Intranasal or Autoinjector (as authorized and credentialed by agency medical director) | | | | |
| Nebulized Bronchodilators (as authorized and credentialed by agency medical director) | | | | |

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| Intermediate Advanced Life Support | | | | |
|--|--|--|--|--|
| Current Version of Statewide EMS Protocols digital copy is acceptable, if on tablet or computer that remains in vehicle | | | | |
| Pediatric equipment/dosing sizing tape, current (1) | | | | |
| CPAP ventilation - portable equipment with (2) disposable masks | | | | |
| Non-surgical alternative/rescue airways - either (3) King LT (size 3,4,5) OR (2) Combitube (37Fr and 41Fr) OR (3) i-gel (size 3, 4, 5) | | | | |
| Nebulizer system (1) | | | | |
| Electronic Glucose Meter (1) | | | | |
| IV Therapy Supplies | | | | |
| Catheters Over the Needle: | | | | |
| 14 gauge (4) | | | | |
| 16 gauge (4) | | | | |
| 18 gauge (4) | | | | |
| 20 gauge (4) | | | | |
| 22 gauge (4) | | | | |
| 24 gauge (2) | | | | |
| IV Administration Supplies | | | | |
| Macro drip (10-20 drops/ml) (2) | | | | |
| Tourniquets for IV use (2) | | | | |
| IV solutions (2,000 ml total) per statewide protocols | | | | |
| Hypodermic Needles and Syringes (sterile & individually wrapped) | | | | |
| 16-18 gauge (4) | | | | |
| 20-22 gauge (4) | | | | |
| 23-25 gauge (4) | | | | |
| Syringes (2 with at least one being 1 mL volume) | | | | |
| Intraosseous Needles (pediatric, adult, large adult) | | | | |
| Medications and Supplies | | | | |
| Bronchodilators (Albuterol, Albuterol Ipratropium Bromide or Levalbuterol) - 1 type must be carried | | | | |
| Dextrose (concentration between 10% - 50%) | | | | |
| Epinephrine HC1 1 mg- vial or ampule | | | | |
| Naloxone | | | | |
| Nitroglycerine-Sublingual | | | | |
| Defibrillator/Monitor | | | | |
| 12 Lead capable, immediate transmit capabilities & paper printout | | | | |
| Adult Defibrillator Pads (1) | | | | |
| Pediatric Defibrillator Pads (1) | | | | |
| Electrodes, ECG (Adult) (12) | | | | |
| Electrodes, ECG (Pediatric) (12) | | | | |

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| AED (required if unable to utilize defibrillator mode on monitor) (IALS only);Dual function adult/pediatric AED is acceptable | | | | |
| Optional IALS Medications per PA Protocols | | | | |
| <i>Acetaminophen</i> | | | | |
| <i>DiphenhydrAMINE HCl</i> | | | | |
| <i>EPINEPHrine HCl .1mg vial or ampule</i> | | | | |
| <i>Ibuprofen</i> | | | | |
| <i>Ketorolac</i> | | | | |
| <i>methyIPREDNISolone</i> | | | | |
| <i>Nitrous Oxide</i> | | | | |
| <i>Ondansetron (Zofran)</i> | | | | |

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| Advanced Life Support | | | | |
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| Current Version of Statewide EMS Protocols - digital copy is acceptable if on tablet or computer that remains in vehicle | | | | |
| Endotracheal Tubes:(sterile & individually wrapped) | | | | |
| 2.5 mm or 3.0 mm (uncuffed) (2) | | | | |
| 3.5 mm or 4.0 mm (uncuffed) (2) | | | | |
| 4.5 mm or 5.0 mm (2) | | | | |
| 5.5 mm or 6.0 mm (2) | | | | |
| 6.5 mm or 7.0 mm (2) | | | | |
| 7.5 mm or 8.0 mm (2) | | | | |
| Laryngoscope and blades | | | | |
| Handle with Batteries (1) | | | | |
| OR Disposable Handle with power source (2) | | | | |
| Spare Batteries and Bulbs (excludes disposable) | | | | |
| Straight # 1 (1) | | | | |
| Straight # 2 (1) | | | | |
| Straight # 3 (1) | | | | |
| Curved # 3 (1) | | | | |
| Curved # 4 (1) | | | | |
| Stylette - malleable, sterile, adult (1) | | | | |
| Forceps, Magill, adult (1) | | | | |
| Forceps, Magill, pediatric (1) | | | | |
| Microdrip (50-60 drops/ml) (2) | | | | |
| 3 1/4" over the needle catheter (10, 12, or 14 gauge) (2) | | | | |
| Phlebotomy Equipment per protocol | | | | |
| Medications and Supplies: | | | | |
| Adenosine | | | | |
| Atropine Sulfate | | | | |
| Benzodiazepines (at least one): | | | | |
| DiazePAM | | | | |
| LORazepam | | | | |
| Midazolam | | | | |
| DiphenhydrAMINE HCl | | | | |
| EPINEPHrine -1 mg - vial or ampule | | | | |
| Lidocaine HCl | | | | |
| Narcotic Analgesics (at least one): | | | | |
| FentaNYL | | | | |
| Morphine Sulfate | | | | |
| Sodium Bicarbonate | | | | |
| Optional ALS Medications per PA Protocols | | | | |
| Amiodarone | | | | |
| Anticonvulsants | | | | |
| Benzocaine, topical | | | | |
| Blood/Blood by-product (as authorized and credentialed by agency medical director and verified by regional EMS council) | | | | |
| Blood Administration Set (2) only if agency initiates blood products | | | | |
| Calcium Chloride/calcium gluconate | | | | |

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| <i>Captopril or Enalapril</i> | | | | |
| <i>Calcium Chloride/calcium gluconate</i> | | | | |
| <i>ceFAZolin (as authorized and credentialed by agency medical director) - (Antimicrobial)</i> | | | | |
| <i>Crystalloid Hypertonic Solutions (with agency medical director approval and appropriate staffing)</i> | | | | |
| <i>Crystalloid Isotonic Solutions</i> | | | | |
| <i>dexAMETHasone</i> | | | | |
| <i>dilTIAZem</i> | | | | |
| <i>DOPAmine or DOBUTamine</i> | | | | |
| <i>droPERidol</i> | | | | |
| <i>EMLA Cream</i> | | | | |
| <i>Enalapril</i> | | | | |
| <i>Etomidate (verified by regional EMS council and credentialed by agency medical director)</i> | | | | |
| <i>Furosemide</i> | | | | |
| <i>Glucagon</i> | | | | |
| <i>Hydrocortisone sodium succinate</i> | | | | |
| <i>Hydroxocobalamine</i> | | | | |
| <i>Ketamine (verified by regional EMS council and credentialed by agency medical director)</i> | | | | |
| <i>Levalbuterol</i> | | | | |
| <i>Magnesium Sulfate</i> | | | | |
| <i>methyIPREDNISolone</i> | | | | |
| <i>Norepinephrine</i> | | | | |
| <i>Oxytocin</i> | | | | |
| <i>Plasma Protein Fraction</i> | | | | |
| <i>Pralidoxime</i> | | | | |
| <i>Procainamide</i> | | | | |
| <i>Sodium Thiosulfate</i> | | | | |
| <i>Terbutaline</i> | | | | |
| <i>Tetracaine, topical, ophthalmic</i> | | | | |
| <i>Tranexamic Acid (TXA)</i> | | | | |
| <i>Verapamil</i> | | | | |

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| Administration | YES | NO | N/A | NOTES |
|---|------------|-----------|------------|--------------|
| Were deficiencies found for this vehicle? | | | | |
| Is a reinspection required? | | | | |
| Digital Images Captured? | | | | |
| Vehicle Placed Out of Service? (Yes, complete bottom of form) | | | | |
| | | | | |
| Printed Name of Inspector: | | | | |
| Inspector Signature: | | | Date: | |
| Printed Name of Agency Representative: | | | | |
| Agency Representative Signature: | | | Date: | |
| | | | | |
| Vehicle Placed Out of Service | | | | |
| Date: | | | | |
| Bureau Staff who authorized removal from service: | | | | |
| Out of Service Decal secured on vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name of Person securing Out of Service Decal: | | | | |
| Vehicle Authorized to Return to Service | | | | |
| Date: | | | | |
| Bureau Staff who authorized return to service: | | | | |
| Out of Service Decal removed from vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name of Person removing Out of Service Decal: | | | | |