MAINE EMS

EMS Service Inspection Form

Name of Service: _____ Inspection Date: _____ Location: _____

Service License #: _____ License/Permit Level: _____ Ambulance : ___ EMS Vehicle: ___

VEHICLE INFORMATION:

Year: _____ Make: _____ Type: _____ MEMS#: _____ DMV#: _____ VIN #: _____

General Condition and Cleanliness: _____

Exterior/Exterior Compartments: _____

Interior/Interior Compartments: _____

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

Other: _____

AMBULANCE SERVICE EQUIPMENT REQUIREMENTS: [( ) indicates Non Transporting requirements]

2		Reflective Vests ..... ___
1		Rope 50ft. 1/2" diameter ... ___
1		Fire Ext. 5lb B/C or equiv.. ___
24	(24)	Disaster Tags..... ___
2	(1)	Flashlights ≥ (D-Cell)..... ___
1		Traction Splint ..... ___
2	(2)	3"x15" Rigid Splints ..... ___
2	(2)	3"x36" Rigid Splints ..... ___
1		Folding Stretcher ..... ___
1		S.I.D.- Shortboard ..... ___
1	(1)	S.I.D.- Longboard ..... ___
1	(1)	Head Immobilizer ..... ___
6	(6)	Straps-9'x1-3/4" w/buckle(3) ___
1	(1)	Cervical Collar- Large ..... ___
1	(1)	Cervical Collar- Medium .... ___
1	(1)	Cervical Collar- Small ..... ___
1	(1)	Cervical Collar- Pediatric . ___
1		Amb. Cot w/shoulder straps.. ___
2	(1)	Oral Glucose Tube..... ___
2	(0.5)	Liters of Sterile Saline ... ___

1		Main Oxygen Supply.3440liter ___
1	(1)	Portable Oxygen ....410liter ___
2	(1)	Adult Nasal Cannula ..... ___
2	(1)	Adult NRB O/2 mask ..... ___
2	(1)	Pediatric NRB O/2 mask ..... ___
2	(1)	Infant O/2 mask ..... ___
1	(1)	Large Adult Oral Airway .... ___
1	(1)	Adult Oral Airway ..... ___
1	(1)	Child Oral Airway ..... ___
1	(1)	Infant Oral Airway ..... ___
1	(1)	Adult Bag Valve Mask ..... ___
1	(1)	Pediatric Bag Valve Mask ... ___
1	(1)	Pocket Mask w/Oxygen Inlet.. ___
1	(1)	Portable Suction Apparatus.. ___
		suction ≥ 11.8"Hg w/in 4sec. ___
1	(1)	Small Bulb Aspirator ..... ___
1		Non-Glass Fever Thermometer. ___
1	(1)	Sphygmomanometer-Large Adult ___
1	(1)	Sphygmomanometer- Adult .... ___
1	(1)	Sphygmomanometer- Pediatric. ___
1	(1)	Sphygmomanometer- Infant ... ___
1	(1)	Stethoscope ..... ___

4	(2)	8"x30"Universal Dressings .... ___
2	(1)	Sterile Burn Sheet ..... ___
12	(12)	4"x4" Sterile Sponges ..... ___
6	(6)	3" Roller Bandage ..... ___
6	(6)	5"x9" Surgical Dressings ..... ___
4	(4)	Triangular Bandage ..... ___
1	(1)	Band aids - assorted box..... ___
3	(2)	Adhesive Tape - min. 1" width. ___
1	(1)	Aluminum Foil or equiv..... ___
1		Sterile Obstetrical Kit ..... ___
2	(1)	7" Bandage Shears ..... ___
4	(2)	Towels- medium size ..... ___
4		Sheets ..... ___
2		Pillows ..... ___
4	(1)	Blankets ..... ___
1		Sharps Container- secured .... ___
10	(10)	Pairs of Latex Free Gloves ... ___
4	(4)	Masks- surgical type ..... ___
4	(2)	Protective Goggles ..... ___
4		Protective Gowns ..... ___
2		Emesis Basins ..... ___

INTERMEDIATE:

1	Laryngoscope Handle . ..... ___
1	ea. Laryngoscope Blades #0-#4... ___
1	ea.2.5,3.0,4.0 uncuffed ET Tube. ___
1	ea. 5.0-8.0 cuffed ET Tubes .... ___
1	Large Magill Forceps ..... ___
1	Small Magill Forceps ..... ___
1	ea. Stylets for 2.5-8.0 Tubes... ___
1	End Tidal CO2 Monitor or ..... ___
	Esophageal Detector..... ... ____

6	Liters of IV Fluids..... ___
3	Macrodrip IV sets ..... ___
2	ea. IV Caths/Needles 14-20ga. ___
2	Intraosseous needles ..... ___
1	AED or Cardiac Monitor/Defib. ___
100	Grams Activated Charcoal ..... ___ without sorbital
1	Microdrip IV Set..... _____

1	Cardiac Monitor/Defibrillator .... ___
1	Drug Storage Container ..... ___
1	Drug Log containing:
	Date & Seal # when received..... ___
	Meds used & MEMS Run Number..... ___
	Old & New Seal # when used ..... ___
	Legible signature & License # .... ___

PARAMEDIC:

1	Surgical Airway Kit ... . ___
1	Chest Decompression Kit ..... ___

COMMENTS: _____

- **Ambulance license is suspended until repaired. Once repaired, fax form to MEMS and ambulance license will be reinstated, then mail yellow copy of this form to MEMS**.

I, _____ acknowledge the deficiencies on this inspection form and recognize that the service has _____ days to correct them. Upon correction of said deficiencies, I understand the service must notify Maine EMS of the corrective action taken by completing the bottom of this form and returning copy #2 to Maine EMS, 152 State House Station, Augusta, Maine 04333. Tel: 626-3860, Fax: 287-6251, TTY: 287-3659.

_____ Date: _____ _____ Date: _____

Service Representative's Signature Licensing Agent's Signature

All deficiencies as noted within this inspection report have been corrected. I hereby verify by my signature that this vehicle/equipment now meets or exceeds Maine EMS requirements as set forth in the Maine EMS Rules.

Copy 1- White (Maine EMS)
Copy 2- Yellow (Return to Maine EMS)
Copy 3 – Pink (Service Copy)

_____ _____ Date: _____

Print Name of Auth. Service Rep. Signature of Auth. Service Rep.