



JANET T. MILLS  
GOVERNOR

MICHAEL SAUSCHUCK  
COMMISSIONER

### Non-Transport Inspection Form

J. SAM HURLEY  
DIRECTOR

Inspection Date: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Organization: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Maine EMS Vehicle License No.: \_\_\_\_\_ Vehicle License Exp.: \_\_\_\_\_

Level of Service License:  EMR  EMT  AEMT  Paramedic

Level of Service Permit:  N/A  EMT  AEMT  Paramedic

Type of Inspection:  Annual Inspection  New Service  Unannounced

Location of Inspection: \_\_\_\_\_

#### Crew or Agency Representative

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp: \_\_\_\_\_

#### Service Contact Information

Mailing Address of Service: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Chief Name: \_\_\_\_\_ Email: \_\_\_\_\_

EMS Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Director Name: \_\_\_\_\_ Email: \_\_\_\_\_

#### Results

Results:  Pass  Fail  Decertified  **DO NOT OPERATE UNTIL CORRECTED**

Corrective Action Due By: \_\_\_\_\_  Recommended to be removed from service

Agency Rep. Name: \_\_\_\_\_ Agency Rep. Signature: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_

## Non-Transport Inspection Form

### Safety Equipment

All Levels	Safety Equipment	
	<input type="checkbox"/> Flashlight(s) <ul style="list-style-type: none"> <li>- pen light does not count</li> <li>- 1 flashlight for the EMR level</li> <li>- 2 flashlights for the EMT and higher</li> </ul>	<input type="checkbox"/> Fire extinguisher, 5 lb. or greater <ul style="list-style-type: none"> <li>-Professionally inspected and current</li> <li>-ABC/AB</li> <li>-Secured in place</li> </ul>

### Medical Equipment

*To maintain consistency with Maine EMS protocols sections highlighted in green are EMT requirements, sections in yellow are requirements for AEMT level units, and sections highlighted in red are requirements for Paramedic level units. Any sections not highlighted are supplies required to be on all EMS units.*

All Levels	<b>Linens</b>	
	<input type="checkbox"/> 4 towels	<input type="checkbox"/> 2 sheets
	<input type="checkbox"/> 2 pillows	<input type="checkbox"/> 2 blankets
	<b>Infection Control</b>	
	<input type="checkbox"/> 10 pairs of latex-free gloves. Sizes small, medium, large, and extra-large must be available.	<input type="checkbox"/> 4 surgical masks
	<input type="checkbox"/> 4 pairs of protective goggles	<input type="checkbox"/> 4 protective gowns
	<input type="checkbox"/> 2 emesis basins	
	<b>OB/Pediatrics</b>	
	<input type="checkbox"/> 1 sterile obstetrics kit – Expiration: <ul style="list-style-type: none"> <li>- 2 pairs of sterile gloves</li> <li>- 1 set of scissors</li> <li>- 2 umbilical cord clamps</li> <li>- 2 sterile dressings</li> <li>- 1 towel</li> <li>- 1 small bulb aspirator</li> <li>- 1 plastic bag</li> <li>- 1 receiving blanket</li> </ul>	
	<b>Assessment Equipment</b>	
	<input type="checkbox"/> 1 BP cuff - large adult	<input type="checkbox"/> 1 BP cuff - adult
	<input type="checkbox"/> 1 BP cuff - child	<input type="checkbox"/> 1 BP cuff - infant
	<input type="checkbox"/> Stethoscopes <ul style="list-style-type: none"> <li>- 1 adult</li> <li>- 1 pediatric</li> </ul>	<input type="checkbox"/> 1 blood glucometer and sample strips <ul style="list-style-type: none"> <li>- EMT level and higher</li> </ul>
	<input type="checkbox"/> 1 non-glass thermometer	<input type="checkbox"/> 1 pulse oximeter
	<b>Medications</b>	
	<input type="checkbox"/> 1 drug logbook	<input type="checkbox"/> 1 drug storage container <ul style="list-style-type: none"> <li>- Consistent with Maine EMS Rule Chapter 6</li> </ul>
	<input type="checkbox"/> 1 mucosal atomization device	

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IV Supplies		
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 2 Intraosseous needles - 15 ga. Or equivalent - Earliest expiration: _____	<input type="checkbox"/> 2 intraosseous administration sets - Macro-drip
	<input type="checkbox"/> 2 each of IV catheters 14-20 gauge - Earliest expiration: _____	<input type="checkbox"/> 2 IV pressure bags
	<input type="checkbox"/> 3 macro-drip IV sets - Earliest expiration: _____	<input type="checkbox"/> 1 micro-drip IV set
<b>Paramedic</b>	<input type="checkbox"/> IV fluid D5W as needed - Earliest expiration: _____	<input type="checkbox"/> 6 liters of IV fluids for volume replacement - Earliest expiration: _____
	<input type="checkbox"/> 1 IV infusion pump -US FDA approved -Has a customizable drug library -Latex-free tubing -Have needle-free tubing/ports -Has both AC and battery power sources	<input type="checkbox"/> 2 IV pump administration sets - Earliest expiration: _____
	<input type="checkbox"/> 100 grams activated charcoal - Earliest expiration: _____	
<b>All Levels</b>	<b>Bleeding, Bandaging, and Trauma</b>	
	<input type="checkbox"/> 4 - 8"x30" universal dressings	<input type="checkbox"/> 12 - 4"x4" sterile sponges
	<input type="checkbox"/> 6 - 3" roller bandages	<input type="checkbox"/> 6 - 5"x9" surgical dressings
	<input type="checkbox"/> 1 hemostatic agent, gauze - Expiration: _____	<input type="checkbox"/> 2 tourniquets, windlass-type combat style, commercially prepared
	<input type="checkbox"/> 4 triangular bandages	<input type="checkbox"/> 1 box of adhesive bandages – assorted
	<input type="checkbox"/> 2 sterile burn sheets	<input type="checkbox"/> 3 rolls of adhesive tape – min 1"
	<input type="checkbox"/> 2 bandage/trauma shears	<input type="checkbox"/> 1 aluminum foil or space blanket
	<input type="checkbox"/> Sterile saline, at least 500 mL	<input type="checkbox"/> 1 plastic bag
	<input type="checkbox"/> 24 disaster tags	<input type="checkbox"/> 2 sterile saline – at least 500 mL
<b>EMT</b>	<b>Trauma, Immobilization/Splinting</b>	
	<input type="checkbox"/> 1 traction splint	<input type="checkbox"/> 2 - 3"x15" rigid splint
	<input type="checkbox"/> 2 - 3"x36" rigid splint	<input type="checkbox"/> 2 rigid, adjustable, cervical collars
	<input type="checkbox"/> 1 cervical collar- pediatric	<input type="checkbox"/> 1 short spinal immobilization board
	<input type="checkbox"/> 1 long spinal immobilization board	<input type="checkbox"/> 1 head immobilizer
	<input type="checkbox"/> 6 straps 9'x1 3/4" with buckle	<input type="checkbox"/> 1 set of soft restraints

Airway/Oxygen Delivery		
<b>All Levels</b>	<input type="checkbox"/> 2 pediatric NRB oxygen masks	<input type="checkbox"/> 2 adult NRB oxygen masks
	<input type="checkbox"/> 2 pediatric nasal cannulas	<input type="checkbox"/> 2 adult nasal cannulas
	<input type="checkbox"/> 2 infant NRB oxygen masks	<input type="checkbox"/> 1 adult bag valve mask
	<input type="checkbox"/> 1 pediatric bag valve mask	<input type="checkbox"/> Suction apparatus, manual (EMR) OR Portable suction device (EMT and higher)
	<input type="checkbox"/> 1 infant bag valve mask	<input type="checkbox"/> 1 of each oral airway: - 40 mm

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		<ul style="list-style-type: none"> <li>- 50 mm</li> <li>- 60 mm</li> <li>- 70 mm</li> <li>- 80 mm</li> <li>- 90 mm</li> <li>- 90 mm</li> <li>- 100 mm</li> <li>- 110 mm</li> </ul>
	<input type="checkbox"/> 1 of each nasal airway: <ul style="list-style-type: none"> <li>- 20 French</li> <li>- 22 French</li> <li>- 24 French</li> <li>- 26 French</li> <li>- 28 French</li> <li>- 30 French</li> <li>- 32 French</li> </ul>	<input type="checkbox"/> 1 bulb aspirator
<b>EMT</b>	<input type="checkbox"/> Flexible suction catheters in the following sizes: <ul style="list-style-type: none"> <li>- 6 French</li> <li>- 8 French</li> <li>- 10 French</li> <li>- 12 French</li> <li>- 14 French</li> </ul>	<input type="checkbox"/> 1 rigid tip suction catheter
<b>AEMT Level</b>	<input type="checkbox"/> 1 LMA in each size: <ul style="list-style-type: none"> <li>- 1</li> <li>- 1.5</li> <li>- 2</li> <li>- 2.5</li> <li>- 3</li> <li>- 4</li> <li>- 5</li> <li>- Earliest expiration: ____</li> </ul>	<b>OR</b>
	<input type="checkbox"/> 1 CPAP device <ul style="list-style-type: none"> <li>- Full face mask</li> <li>- Continuous flow device</li> <li>- Capable of adjusting FiO2</li> <li>- Capable of regulating PEEP</li> <li>- Latex free</li> <li>- Must have the ability to add a nebulizer</li> </ul>	<input type="checkbox"/> 1 trans-glottic device in each size: <ul style="list-style-type: none"> <li>- 0</li> <li>- 1</li> <li>- 2</li> <li>- 2.5</li> <li>- 3</li> <li>- 4</li> <li>- 5</li> <li>- Earliest expiration: _____</li> </ul>
	<input type="checkbox"/> 2 nebulizers	<input type="checkbox"/> End title CO2 monitor with the following: <ul style="list-style-type: none"> <li>- 2 adult ETCO2 tubing/adapters</li> <li>- 2 pediatric and infant ETCO2 tubing/adapters</li> </ul>
		<input type="checkbox"/> Lubricating jelly

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<b>Paramedic Level</b>	<input type="checkbox"/> 1 laryngoscope handle, small and large	<input type="checkbox"/> 1 of each sized laryngoscope blade: <ul style="list-style-type: none"> <li>- 0 (straight)</li> <li>- 1 (have both straight and curved)</li> <li>- 2 (have both straight and curved)</li> <li>- 3 (have both straight and curved)</li> <li>- 4 (have both straight and curved)</li> </ul>
	<input type="checkbox"/> 1 cuffed ET tube in each size: <ul style="list-style-type: none"> <li>- 2.5</li> <li>- 3.0</li> <li>- 3.5</li> <li>- 4.0</li> <li>- 4.5</li> <li>- 5.0</li> <li>- 5.5</li> <li>- 6.0</li> <li>- 6.5</li> <li>- 7.0</li> <li>- 7.5</li> <li>- 8.0</li> <li>- 8.5</li> <li>- Earliest expiration: ____</li> </ul>	<input type="checkbox"/> 1 ETT stylet capable of use with ETT tube sizes: <ul style="list-style-type: none"> <li>- Adult</li> <li>- Pediatric</li> <li>- Infant</li> </ul>
	<input type="checkbox"/> 1 large Magill forceps	<input type="checkbox"/> 1 small Magill forceps
	<input type="checkbox"/> 1 bougie, adult and pediatric	<input type="checkbox"/> 1 meconium aspirator
	<input type="checkbox"/> 1 gastric tube in each size: <ul style="list-style-type: none"> <li>- 5 French</li> <li>- 6 French</li> <li>- 8 French</li> <li>- 10 French</li> <li>- 12 French</li> <li>- 14 French</li> <li>- 18 French</li> </ul>	<input type="checkbox"/> 1 surgical airway set consisting of the following: <ul style="list-style-type: none"> <li>- 1 tracheostomy tube</li> <li>- 1 tracheal retractor</li> <li>- 1 Kelly clamp</li> <li>- (6) 4"x4" sterile sponges</li> <li>- 2 number 11 scalpel blades</li> <li>- 1 scalpel blade handle</li> <li>- 2 pairs of sterile surgical gloves</li> <li>- (1) 10mL syringe</li> <li>- 1 tracheal inflation tubing</li> </ul>
	<input type="checkbox"/> 1 chest decompression kit consisting of the following: <ul style="list-style-type: none"> <li>- (2) 14 ga. 3.25" IV catheters</li> <li>- 4 surgical antiseptic swabs</li> <li>- (2) 20 mL syringes</li> <li>- 2 one-way type valve assembly</li> </ul>	

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<b>All Levels</b>	<b>Portable Oxygen Supply</b>	
	<input type="checkbox"/> 2 D-cylinders or greater	<input type="checkbox"/> 1 flow meter operable in all positions
	<b>Defibrillator</b>	
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 1 AED <ul style="list-style-type: none"> <li>- 2 sets of adult AED pads - Earliest expiration: _____</li> <li>- 2 sets of pediatric AED pads - Earliest expiration: _____</li> </ul>	
	<input type="checkbox"/> 1 cardiac monitor/defibrillator capable of and including: <ul style="list-style-type: none"> <li>- Pediatric and adult defibrillation</li> <li>- Cardioversion</li> <li>- Pacing</li> <li>- Manually selectable joule settings</li> <li>- 12 lead EKG monitoring</li> <li>- Paper strip ECG recordings</li> <li>- ECG electrodes (30)</li> <li>- Defibrillator pads, adult (2) – Earliest expiration: _____</li> <li>- Defibrillator pads, pediatric (1) – Earliest expiration: _____</li> </ul>	

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# Non-Transport Inspection Form

## Health and Safety Concerns

Concerns:

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References (Legislation, Rules, Policy):

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