



JANET T. MILLS  
GOVERNOR

MICHAEL SAUSCHUCK  
COMMISSIONER

### Ground Ambulance Inspection Form Transporting Unit

J. SAM HURLEY  
DIRECTOR

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

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

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

Level of Service:  EMT  AEMT  Paramedic  Permit to: \_\_\_\_\_

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: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

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

## Ground Ambulance Inspection Form Transporting Unit

### Vehicle Conditions

<b>Exterior Lights and Signals, General</b>	
<input type="checkbox"/> Maine State Inspection Sticker (if not a municipal vehicle). Inform service if the sticker expires within 90 days.	<input type="checkbox"/> Vehicle free of fluid leaks. Fuel leak is cause for vehicle to be out of service.
<input type="checkbox"/> Windows intact, not leaking or cracked	<input type="checkbox"/> Wipers working and in good condition
<input type="checkbox"/> Mirrors, free of cracks and obstructions	<input type="checkbox"/> Headlights/taillights functional
<input type="checkbox"/> Reverse lights and back up alarm	<input type="checkbox"/> Brake lights
<input type="checkbox"/> Turn signals	<input type="checkbox"/> Tires/wheels in good condition
<input type="checkbox"/> Bumpers front and rear Back step rests completely down	
<b>Exterior Doors and Compartments</b>	
<input type="checkbox"/> Operates in accordance with manufacturer design	<input type="checkbox"/> Gaskets and seals present and intact
<input type="checkbox"/> Nadar bolt present and works	<input type="checkbox"/> Latches - Secure and fully functional - Top, bottom, and side latches work on pt compartment doors
<input type="checkbox"/> Compartment lights work	
<b>Warning Devices</b>	
<input type="checkbox"/> Siren Non-working siren is cause to remove the vehicle from service immediately.	<input type="checkbox"/> Flashing lights Operating, clear lenses, no exposed wires, securely in place. Lights visible from 360 degrees at all times.
<b>Safety Equipment</b>	
<input type="checkbox"/> Seatbelts latch Non-latching seatbelts is cause to remove the vehicle from service immediately.	<input type="checkbox"/> Fire extinguisher, 5 lb. or greater -Professionally inspected and current -ABC/AB -Secured in place
<input type="checkbox"/> 2 flashlights	<input type="checkbox"/> Reflective vests -1 for each crew member - ANSI 207-206 Class II
<b>Markings</b>	
<input type="checkbox"/> Service name on left and ride side of the vehicle with letters at least 6 inches in height OR ---	<input type="checkbox"/> Logo adequately identifying the service

## Ground Ambulance Inspection Form Transporting Unit

### Patient Compartment

<b>Environmental</b>	
<input type="checkbox"/> Heat	<input type="checkbox"/> Air conditioning
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Lights- 35-foot candles (lumens) that cover 90% of the cot surface area
<b>Interior Storage</b>	
<input type="checkbox"/> Compartment doors latch and operate per manufacturer design	<input type="checkbox"/> All equipment is stored in a compartment OR Mounted equipment is compliant with current NFPA/SAE standards
<input type="checkbox"/> All equipment not stored in a compartment is securely fastened	<input type="checkbox"/> Mounted equipment is compliant with current NFPA/SAE standards
<b>Patient Stretcher</b>	
<input type="checkbox"/> Patient straps -3 straps with metal buckle fasteners; chest, hip, and lower extremity -Upper torso harness-type restraints with metal buckle fasteners, totaling 5 straps on the stretcher	<input type="checkbox"/> Stretcher is mounted and secured compliant with current NFPA/SAE standards

**Comments about vehicle condition:**

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## Ground Ambulance Inspection Form Transporting Unit

### Medical Equipment

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

<b>All Levels</b>	<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 umbilical scissors (no scalpels)</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		

<b>IV Supplies</b>		
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 2 Intraosseous needles <ul style="list-style-type: none"> <li>- 15 ga. Or equivalent</li> <li>- Earliest expiration: _____</li> </ul>	<input type="checkbox"/> 2 intraosseous administration sets <ul style="list-style-type: none"> <li>- Macro-drip</li> </ul>
	<input type="checkbox"/> 2 each of IV catheters 14-20 gauge <ul style="list-style-type: none"> <li>- Earliest expiration: _____</li> </ul>	<input type="checkbox"/> 2 IV pressure bags
	<input type="checkbox"/> 3 macro-drip IV sets <ul style="list-style-type: none"> <li>- Earliest expiration: _____</li> </ul>	<input type="checkbox"/> 1 micro-drip IV set

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<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/space blanket
	<input type="checkbox"/> Sterile saline, 2000ml or more	<input type="checkbox"/> 1 plastic bag
	<input type="checkbox"/> 24 disaster tags	<input type="checkbox"/> 2 sterile saline – at least 500 mL
	<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

<b>All Levels</b>	<b>Airway/Oxygen Delivery</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"/> 1 infant bag valve mask
	<input type="checkbox"/> Portable suction device - Provide suction of at least 300mmHg within four seconds - Must have trap bottle - Be equipped with rigid suction tip and appropriate catheters - Capable of operating from its own battery	<input type="checkbox"/> 1 of each oral airway: - 40 mm - 50 mm - 60 mm - 70 mm - 80 mm - 90 mm - 90 mm - 100 mm - 110 mm
	<input type="checkbox"/> 1 of each nasal airway: - 20 French - 22 French	<input type="checkbox"/> Flexible suction catheters in the following sizes: - 6 French

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	<ul style="list-style-type: none"> <li>- 24 French</li> <li>- 26 French</li> <li>- 28 French</li> <li>- 30 French</li> <li>- 32 French</li> </ul>	<ul style="list-style-type: none"> <li>- 8 French</li> <li>- 10 French</li> <li>- 12 French</li> <li>- 14 French</li> </ul>
	<input type="checkbox"/> 1 bulb aspirator	<input type="checkbox"/> 1 rigid tip suction catheter
<b>AEMT &amp; Paramedic</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 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"/> 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"/> 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"/> 2 nebulizers	<input type="checkbox"/> Lubricating jelly
<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>

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	<input type="checkbox"/> 1 large Magill forceps	<input type="checkbox"/> 1 small Magill forceps
	<input type="checkbox"/> 1 bougie ea size, 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>	
<b>All Level</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>All Levels</b>	<b>Defibrillator</b>	
	<input type="checkbox"/> 1 AED <input type="checkbox"/> Satisfied by cardiac monitor <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>	
<b>AEMT &amp; Paramedic</b>	<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>	

**Ground Ambulance Inspection Form  
Transporting Unit**

**Health and Safety Concerns**

**Concerns:**

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**References (Legislation, Rules, Policy):**

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