



JANET T. MILLS  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
152 STATE HOUSE STATION  
AUGUSTA, MAINE 04333



MICHAEL SAUSCHUCK  
COMMISSIONER

J. SAM HURLEY  
DIRECTOR

## OPERATIONAL BULLETIN

Bulletin #	Title		Date Issued
#2023-01-30-01	Required Equipment Rules Revisions and Inspection Forms Updated		January 30, 2023
Superseded	Released By:	Source:	Pages
N/A	Maine EMS	Maine EMS	16
Approved By:	J. Sam Hurley, MPH, EMPS, NRP Maine EMS Director		

Chapter 17 of the [Maine EMS Rules](#) includes the minimum required equipment list for transporting and non-transporting EMS agencies at all levels and was one of the chapters impacted by recent updates. A list of all chapters impacted, along with a summary of the changes was published in a [Latest News Bulletin](#) on the Maine EMS homepage on January 19, 2023.

The [Non-Transport Inspection](#) and the [Ground Ambulance Inspection Forms](#) have been revised to reflect the updates to Chapter 17 and replaced on the [Vehicle Licensing & Equipment page](#) on the Maine EMS website.

Specific equipment updates impacting services include:

- Nebulizer sets – Newly required at the EMT level (previously AEMT)
- Lubricating Jelly – Newly required at the EMT level (previously AEMT)
- Tube securing device (Adult and Pediatric) – Newly required at the Paramedic level
- Surgical Airway set - #10 scalpel blades added as an option; chlorhexidine added as an option; tracheal retractor replaced with tracheal hook; update to “cuffed” tracheostomy tube
- ETCO2 Nasal Device (Pediatric) – Newly required at the AEMT level and higher
- Occlusive dressing – Newly required at all levels
- Pediatric length-based tape – Newly required at all levels
- Pediatric Cervical Collars - Increase required quantity from one (1) to two (2)
- Pediatric Transport Device – Newly required equipment for transporting service at all levels
- N95 Masks (four [4] each small and large) – Newly required at all levels
- Reflective Safety Vests (two [2]) – Relocated from transporting equipment to safety equipment and newly required at the EMR level and for all non-transporting agencies

Please direct any questions or concerns to the Maine EMS Licensing Team at [ems.licensure@maine.gov](mailto:ems.licensure@maine.gov) or call 207-626-3860.

● **Excellence**      ● **Support**      ● **Collaboration**      ● **Integrity**      ●

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## Non-Transport Inspection Form

J. SAM HURLEY  
 DIRECTOR

Inspection Date: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_  
 EMS Service: \_\_\_\_\_ Service License No.: \_\_\_\_\_  
 License Expiration: \_\_\_\_\_  
 Level of Service:  EMR  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 Code: \_\_\_\_\_  
 Service Phone Number: \_\_\_\_\_  
 Service Director/Chief Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 EMS Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Medical Director Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 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

Safety Equipment		
<b>All Levels</b>	<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>-A-B-C/B-C</li> <li>-Secured in place</li> </ul>
	<input type="checkbox"/> 2 reflective safety vests <ul style="list-style-type: none"> <li>- ANSI 207-206 Class II</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.*

<b>All Levels</b>	<b>Linens</b>	
	<input type="checkbox"/> 4 towels	<input type="checkbox"/> 2 sheets – EMT and above
	<input type="checkbox"/> 2 pillows – EMT and above	<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/ overalls
	<input type="checkbox"/> 2 emesis basins	<input type="checkbox"/> 4 ea. Small and Large N-95 Masks
	<input type="checkbox"/> 1 sharps container – EMT level and higher	
	<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 <ul style="list-style-type: none"> <li>- EMT level and higher</li> <li>- (1) container of test strips</li> <li>- Lancets</li> </ul>
	<input type="checkbox"/> 1 non-glass thermometer	<input type="checkbox"/> 1 pulse oximeter suitable for adult and pediatric patients
	<input type="checkbox"/> 1 pediatric length/weight based tape	
	<b>Medications</b>	

## Non-Transport Inspection Form

	<input type="checkbox"/> 1 drug logbook	<input type="checkbox"/> 1 drug storage container - Consistent with Maine EMS Rule Chapter 6
	<input type="checkbox"/> 1 mucosal atomization device	<input type="checkbox"/> 3 naloxone (2mg/2 mL syringe or vial)
<b>IV Supplies</b>		
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 2 Intraosseous needles - 15 ga. Or equivalent - Earliest expiration: _____	<input type="checkbox"/> 2 IV administration sets - Macro-drip - Earliest expiration: _____
	<input type="checkbox"/> 2 each of IV catheters 14-24 gauge - Earliest expiration: _____	<input type="checkbox"/> 2 IV pressure bags
	<input type="checkbox"/> 6 liters of IV fluids for volume replacement - Earliest expiration: _____	<input type="checkbox"/> 1 micro-drip IV set
<b>Paramedic</b>	<input type="checkbox"/> 1 IV fluid D5W - Earliest expiration: _____	<input type="checkbox"/> 2 IV pump administration sets - 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	
<b>Bleeding, Bandaging, and Trauma</b>		
<b>All Levels</b>	<input type="checkbox"/> 3 - 8"x30" minimum universal dressings	<input type="checkbox"/> 12 - 4"x4" sterile sponges
	<input type="checkbox"/> 6 - 3" minimum self-adhering roller bandages	<input type="checkbox"/> 4 - 5"x9" minimum 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"/> 2 rolls of adhesive tape – assorted sizes
	<input type="checkbox"/> 2 trauma shears	<input type="checkbox"/> 1 aluminum foil, or space blanket
	<input type="checkbox"/> 2 sterile saline – at least 500 mL	<input type="checkbox"/> 1 plastic bag
	<input type="checkbox"/> 24 disaster tags	<input type="checkbox"/> 2 occlusive dressings
<input type="checkbox"/> 2 rigid, adjustable cervical collars		
<b>Trauma, Immobilization/Splinting</b>		
<b>EMT</b>	<input type="checkbox"/> 1 traction splint	<input type="checkbox"/> 4 - 3"x15" rigid splint
	<input type="checkbox"/> 4 - 3"x36" rigid splint	<input type="checkbox"/> 1 short spinal immobilization board
	<input type="checkbox"/> 2 rigid, pediatric cervical collars	<input type="checkbox"/> 1 head immobilizer
	<input type="checkbox"/> 1 long spinal immobilization board	<input type="checkbox"/> 1 set of commercially made soft restraints
	<input type="checkbox"/> 3 straps 9'x2" with buckle	

## Non-Transport Inspection Form

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-sized bag valve mask
	<input type="checkbox"/> 1 CPR pocket mask	<input type="checkbox"/> 1 infant-sized bag valve mask
	<input type="checkbox"/> 1 child-sized bag valve mask	<input type="checkbox"/> 1 bulb aspirator
	<input type="checkbox"/> 1 lubricating jelly	<input type="checkbox"/> Suction apparatus, manual (EMR) OR Portable suction device (EMT and higher)
	<input type="checkbox"/> 1 of ea. nasal airway: - 20 French - 22 French - 24 French - 26 French - 28 French - 30 French - 32 French	<input type="checkbox"/> 1 of each oral airway: - 40 mm - 50 mm - 60 mm - 70 mm - 80 mm - 90 mm - 100 mm - 110 mm
<b>EMT</b>	<input type="checkbox"/> Flexible suction catheters in the following sizes: - 6 French - 8 French - 10 French - 12 French - 14 French	<input type="checkbox"/> 1 rigid tip suction catheter
	<input type="checkbox"/> 2 nebulizer sets	
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 1 peri-glottic device in each size: - 1 - 1.5 - 2 - 2.5 - 3 - 4 - 5 Earliest expiration: _____	<input type="checkbox"/> 1 trans-glottic device in each size: - 0 - 1 - 2 - 2.5 - 3 - 4 - 5 Earliest expiration: _____
	<input type="checkbox"/> 1 CPAP device – EMT Optional - Full face mask - Continuous flow device - Capable of adjusting FiO2 - Capable of regulating PEEP - Latex free - Must have the ability to add a nebulizer	<input type="checkbox"/> End title CO2 monitor with the following: - (2) adult ETCO2 Nasal - (2) ETCO2 inline adaptors - (2) pediatric and infant Nasal

## Non-Transport Inspection Form

<b>Paramedic</b>	<input type="checkbox"/> 1 ea. small and large laryngoscope handle	<input type="checkbox"/> 1 pediatric ETT stylet -
	<input type="checkbox"/> 1 cuffed ET tube in each size: - 2.5 - 3.0 - 3.5 - 4.0 - 4.5 - 5.0 - 5.5 - 6.0 - 6.5 - 7.0 - 7.5 - 8.0 - 8.5 - Earliest expiration: _____	<input type="checkbox"/> 1 of ea. sized laryngoscope blade: - 0 (straight) - 1 (have both straight and curved) - 2 (have both straight and curved) - 3 (have both straight and curved) <input type="checkbox"/> 4 (have both straight and curved)
	<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: - 5 French - 6 French - 8 French - 10 French - 12 French - 14 French - 18 French	<input type="checkbox"/> 1 surgical airway set consisting of the following: - (1) cuffed tracheostomy tube - (1) tracheal hook - (1) Kelly clamp - (6) 4"x4" sterile sponges - (2) #10 or #11 scalpel blades - (1) scalpel blade handle - (2) pairs of sterile surgical gloves - (1) 10mL syringe - (1) transtracheal inflation tubing - (2) 14 ga 2" IV Catheters - (1) Povidone Iodine/Chlorohexidine
	<input type="checkbox"/> 1 chest decompression kit consisting of the following: <input type="checkbox"/> (2) 14 ga. 3.25" IV catheters <input type="checkbox"/> (4) surgical antiseptic swabs <input type="checkbox"/> (2) 20 mL syringes <input type="checkbox"/> (2) one-way type valve assembly	<input type="checkbox"/> 1 ea. of adult and pediatric tube securing device, or umbilical tape.
	<b>Portable Oxygen Supply</b>	
<b>All</b>	<input type="checkbox"/> 2 D-cylinders or greater	<input type="checkbox"/> 1 flow meter operable in all positions
<b>Defibrillator</b>		

## Non-Transport Inspection Form

	<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> <p>OR</p> <input type="checkbox"/> Satisfied by cardiac monitor.
<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>- Manually selectable joule settings</li> <li>- 12 lead EKG monitoring – EMT Optional</li> <li>- Paper strip ECG recordings – EMT Optional</li> <li>- ECG electrodes (30) – EMT Optional</li> <li>- Cardioversion – AEMT Optional</li> <li>- Pacing – AEMT Optional</li> <li>- Defibrillator pads, adult (2) – Earliest expiration: _____</li> <li>- Defibrillator pads, pediatric (1) – Earliest expiration: _____</li> </ul>

# Non-Transport Inspection Form

## Health and Safety Concerns

Concerns:

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References (Legislation, Rules, Policy):

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 COMMISSIONER

## Ground Ambulance Inspection Form Transporting Unit

J. SAM HURLEY  
 DIRECTOR

Inspection Date:	Time of Inspection:
EMS Service:	License Number:
Maine EMS Vehicle License No.:	License Expiration:
Vehicle Call Sign:	
Level of Service: <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Permit to:	
Type of Inspection: <input type="checkbox"/> Annual Inspection <input type="checkbox"/> New Service <input type="checkbox"/> Unannounced	
Location of Inspection:	

### Crew or Agency Representative

Name:	License Number:	Expiration Date:
Name:	License Number:	Expiration Date:

### Service Contact Information

Mailing Address of Service:	
City/Town:	
Zip Code:	
Service Phone Number:	
Service Director/Chief Name:	Email Address:
EMS Contact Name:	Email Address:
Medical Director Name:	Email Address:

### 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:
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Inspector Name:	Inspector Signature:
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## 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 -Type A-B-C or B-C -Secured in place
<input type="checkbox"/> 2 flashlights	<input type="checkbox"/> 2 reflective safety vests - 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

Environmental	
<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
Interior Storage	
<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
Patient Stretcher	
<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
Pediatric Transport	
<input type="checkbox"/> 1 pediatric transport device	

**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 ea. Small and Large N-95 Masks
	<input type="checkbox"/> 2 emesis basins	<input type="checkbox"/> 4 protective gowns/overalls
	<input type="checkbox"/> 1 sharps container	
	<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 <ul style="list-style-type: none"> <li>- (1) container of test strips</li> <li>- Lancets</li> </ul>
	<input type="checkbox"/> 1 non-glass thermometer	<input type="checkbox"/> 1 pulse oximeter suitable for adult and pediatric patients
<input type="checkbox"/> 1 pediatric length/weight based tape		
<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	<input type="checkbox"/> 3 naloxone (2 mg/2 ml syringe or vial)	
<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 intravenous administration sets <ul style="list-style-type: none"> <li>- Macro-drip</li> <li>- Earliest expiration: _____</li> </ul>
	<input type="checkbox"/> 2 each of IV catheters 14-24 gauge <ul style="list-style-type: none"> <li>- Earliest expiration: _____</li> </ul>	<input type="checkbox"/> 2 IV pressure bags
	<input type="checkbox"/> 6 liters of IV fluids for volume replacement <ul style="list-style-type: none"> <li>- Earliest expiration: _____</li> </ul>	<input type="checkbox"/> 1 micro-drip IV set

## Ground Ambulance Inspection Form Transporting Unit

<b>Paramedic</b>	<input type="checkbox"/> 1 IV fluid D5W - Earliest expiration: _____	<input type="checkbox"/> 2 IV pump administration sets - 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	
<b>All Levels</b>	<b>Bleeding, Bandaging, and Trauma</b>	
	<input type="checkbox"/> 3 - 8"x30" minimum universal dressings	<input type="checkbox"/> 12 - 4"x4" sterile sponges
	<input type="checkbox"/> 4 - 3" minimum self-adhering roller bandages	<input type="checkbox"/> 4 - 5"x9" minimum 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"/> 2 rolls of adhesive tape – assorted sizes
	<input type="checkbox"/> 2 trauma shears	<input type="checkbox"/> 1 aluminum foil, or space blanket
	<input type="checkbox"/> 2 sterile saline – at least 500 mL	<input type="checkbox"/> 1 plastic bag
	<input type="checkbox"/> 24 disaster tags	<input type="checkbox"/> 2 occlusive dressings
	<b>Trauma, Immobilization/Splinting</b>	
	<input type="checkbox"/> 1 traction splint	<input type="checkbox"/> 4 - 3"x15" rigid splint
	<input type="checkbox"/> 4 - 3"x36" rigid splint	<input type="checkbox"/> 2 rigid, adult, adjustable cervical collars
	<input type="checkbox"/> 2 rigid, pediatric cervical collars	<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"/> 3 straps 9'x2" with buckles	<input type="checkbox"/> 1 set of commercially made 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-sized bag valve mask
	<input type="checkbox"/> 1 child-sized bag valve mask	<input type="checkbox"/> 1 infant-sized bag valve mask
	<input type="checkbox"/> 1 CPR pocket mask	<input type="checkbox"/> 1 bulb aspirator
	<input type="checkbox"/> 2 nebulizer sets	
	<input type="checkbox"/> Portable suction device - Provide suction of at least 300mmHg within four seconds - Must have trap bottle - 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 - 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

## Ground Ambulance Inspection Form Transporting Unit

	<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"/> lubricating jelly	<input type="checkbox"/> 1 rigid tip suction catheter
<b>AEMT &amp; Paramedic</b>	<input type="checkbox"/> 1 peri-glottic device in each size: <ul style="list-style-type: none"> <li>- 1</li> <li>- 1.5</li> <li>- 2</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> </ul>
	<b>OR</b>	<ul style="list-style-type: none"> <li>- 2.5</li> <li>- 3</li> <li>- 4</li> <li>- 5</li> <li>- Earliest expiration: _____</li> </ul>
	<input type="checkbox"/> 1 CPAP device – EMT Optional <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 Nasal</li> <li>- (2) ETCO2 inline adaptors</li> <li>- (2) pediatric and infant Nasal</li> </ul>
<b>Paramedic Level</b>	<input type="checkbox"/> 1 ea. small and large laryngoscope handle	<input type="checkbox"/> 1 pediatric ETT stylet
	<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> </ul> Earliest expiration: _____	1 of ea. 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>

## Ground Ambulance Inspection Form Transporting Unit

	<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) cuffed tracheostomy tube</li> <li>- (1) tracheal hook</li> <li>- (1) Kelly clamp</li> <li>- (6) 4"x4" sterile sponges</li> <li>- (2) #10 or #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) transtracheal inflation tubing</li> <li>- (2) 14 ga. 2" IV Catheters</li> <li>- (1) Povidone Iodine/Chlorohexidine</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>	<input type="checkbox"/> 1 ea. of adult and pediatric tube securing device, or umbilical tape.
<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>All Levels</b>	<b>Defibrillator</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> OR	
	<input type="checkbox"/> Satisfied by cardiac monitor	
<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>- Manually selectable joule settings</li> <li>- 12 lead EKG monitoring – EMT Optional</li> <li>- Paper strip ECG recordings – EMT Optional</li> <li>- ECG electrodes (30) – EMT Optional</li> <li>- Cardioversion – AEMT Optional</li> <li>- Pacing – AEMT Optional</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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