OFFICE OF EMS AND TRAUMA SYSTEMS
STRETCHER AMBULANCE

REQUIRED BASIC LIFE SUPPORT (BLS) EQUIPMENT INSPECTION LISTS

SERVICE I.D. _____ INSPECTION DATE _____ BODY TYPE (T1) (T2) (T3) OTHER
VIN _____ MODEL YEAR _____ FD CH DD INT OTH
DECAL _____- **SA** VEHICLE LICENSE NUMBER_____ INSPECTOR'S INTITIALS _____
TIME STARTED _____ **TIME ENDED** _____

Oropharangeal Airway Set (0-4)…….……. ___(1)
Bag Valve Mask Adult…….…… ___(1)
EMT/Bandage Shears…….…….……. ___(1)
Roller Gauze…….…… ___(6)
Gauze Pads, 4X4…….……..……... ___
Sheets……..... ___(2)
Blankets…….…… ___(2)
Pillows w/pillowcases…...…… ___(2)
Emesis Basin or equivalent……... ___(1)
Portable Suction…… ___(1)
Portable Oxygen…….……...… ____* psi
Elevating Stretcher……..…….. ___(1)
Isolation Kits…..……..……..... ___(2)
Latex Gloves (Box)…...……..…..... ___(1)
Blood Pressure Cuff (Infant, Child, Adult, & Lg. Adult)___(1)
AED: with 2 sets of defibrillation pads by Oct 2008
(1-Adult & 1 Child). ___(1)
Radio Frequencies:
Enroute to scene: 155.235 mHz…… ___
At scene: 155.280 mHz…… ___
Departing scene: 155.340 mHz…… ___
Refer to Mass Casualty Rules & Regulations for required radio frequencies.

COMMENTS _____

_____ _____ _____
Specialist Print Name/Date Crew Signature/Date Crew Signature/Date

_____ _____ _____
Specialist Signature/Date EMTSP number EMTSP number

Revised March 2013