SECTION OF EMERGENCY MEDICAL SERVICES MINIMUM REQUIRED ADVANCED EMT EQUIPMENT

Service Provider ID:	BODY TYPE:	Date:	Time Started:	Time Ended:	Specialist:
VIN (Last 5):	AWIN ID:	License#:	Type of Inspection:	Odometer Reading:	Decal#:

Soft Supplies and Other Equipment	P	M	C
4X4 Pads (6)			
ABD Pads (2)			
Trauma Dressing (2)			
Isolation Kits (2)			
Roller Gauze (6)			
Triangular bandages			
OB Kit (1) - must contain Bulb syringe			
Meconium Aspirator			
Betadine Solution (1 Bottle)			
Bandage / EMT Shears			
Stethoscope			
Hemostat			
Scalpel			
Window Punch			
Antiseptic Hand Cleaner			
Exam Gloves (1 Box)			
Sterile Gloves (4 Pairs)			
Emesis Basin or Equivalent			
Saline Drops			
Commercial Tourniquet			
Blankets			
Sheets			
Towels			

Oxygen Related Supplies	P	M	C
Main O2 - PSI:			
Portable O2			
OPA SET 40mm- 110mm			
NPA Set (sizes 12, 16, 20f)			
Nasal Cannula (Adult and Pediatric)			
Non-Rebreather (2)			
Pediatric (2)			
Infant (1)			
Partial Rebreather (1)			
BVM			
- Adult (2) >1000ml			
- Pedi (1) 450-750ml			
- Infant (1) 150-300ml			
Nebulizer Kit (1)			
Sterile Saline			

Soft Supplies and Other Equipment	P	M	C
Magill Forceps			
- Adult (1)			
- Pediatric (1)			
Automatic External Defibrillator - AED			
AED Pads			
- Adult (2 SETS)			
- Pediatric (2 SETS)			
Pulse Oximetry Device (1)			
Pulse Oximetry Probes			
- Adult (1)			
- Pediatric (1)			
B/P Cuffs			
- Lg. Adult / Adult			
- Child			
- Infant			
Tape 1" and 2 " (4)			
Occlusive Dressing (2)			
Thermometer			
Lubricating Jelly			
Sharps Container			
Pediatric Drug Tape, Chart or Wheel			
Glucometer and Glucose strips			

Airway Related Supplies	P	M	C
SUCTION			
- Portable Unit (1)			
- On-Board Unit (1)			
- Suction Tubing (2)			
CATHETERS			
- Size 8fr. or 10fr. (1)			
- Size 12 fr. (1)			
- Size 14fr or 18fr (1)			
- Rigid Suction Tip (1)			
ET Multi-Lumen Airway (1)			

Medications	P	M	C
Aspirin 81-325mg			
Dextrose 50%- minimum 100 ml			
Epinephrine 1:1000 or Auto Injector			
Narcotic Antagonist			
Nitroglycerine (Sub-Lingual)			
Inhaled Beta Antagonist			

IV Supplies	P	M	C
Micro Drip Infusion Sets (2) and			
Macro Drip Infusion Sets (2) or			
Adjustable Drip Sets (4) Replaces Above			
0.9% Saline Solution (4L)			
Ringers Lactate (4L)			
IV Start Sets / Tourniquet (6)			
IV Catheters			
- 14ga (3)			
- 16ga (3)			
- 18ga (3)			
- 20ga (3)			
- 22ga (3)			
- 24ga (3)			
IO Needles			
- Adult (2)			
- Pediatric (2)			
IO Access Device			
Powered and/or Manual Device			
Syringes and Needles			
1cc (1)			
3 or 5cc (3)			
10 or 12cc (3)			
60cc (1)			
Assorted needle sizes 18G - 25G			

Transport	P	M	C
KED® XP-1® or equivalent			
Pediatric Restraint System			
Spine board and Straps (3)			
(2- Adult and 1- Pediatric)			
Head Immobilizer or equivalent			

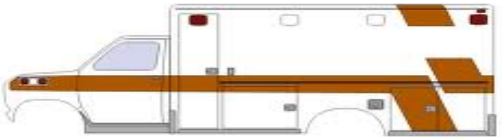
SECTION OF EMERGENCY MEDICAL SERVICES MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST

Transport continued	P	M	C
CERVIAL COLLARS	☐	☐	☐
Adult (3)	☐	☐	☐
Pediatric (2)	☐	☐	☐
Infant (1)	☐	☐	☐
Above = May substitute: 3 adult	☐	☐	☐
and 2 pediatric-adjustable	☐	☐	☐
SPLINTS			
Set of padded extremity splints or	☐	☐	☐
acceptable substitute (vacuum, etc.)			
Traction Splits (1)	☐	☐	☐
(1) Folding, Scoop, Stair Chair, etc.	☐	☐	☐
Elevating Stretcher (1)	☐	☐	☐
Mechical	**P**	**M**	**C**
Warning Lights	☐	☐	☐
- Front	☐	☐	☐
- Side	☐	☐	☐
- Rear	☐	☐	☐
Tail Lights	☐	☐	☐
Brake Lights	☐	☐	☐
Back Up Lights	☐	☐	☐
Back up Alarm	☐	☐	☐
Siren	☐	☐	☐
Horn	☐	☐	☐
Mirrors	☐	☐	☐
Exhaust System	☐	☐	☐
Stretcher	☐	☐	☐
Stretcher Mounts	☐	☐	☐
Fire Extinguisher	☐	☐	☐
Functioning Seatbelts	☐	☐	☐

Mechical	P	M	C
Structural Defects	☐	☐	☐
Tire Wear	☐	☐	☐
AC/Heat functioning	☐	☐	☐
Windshield Wipers	☐	☐	☐
Door Latches	☐	☐	☐
Haz-Mat Reference Guide	☐	☐	☐
Reflective Safety Wear	☐	☐	☐
N95/N100 Respirator	☐	☐	☐
Flashlight / Batteries	☐	☐	☐
Trauma Tags	☐	☐	☐
Disaster Tags	☐	☐	☐
Protocol Book	☐	☐	☐
Bio-Hazard Bags	☐	☐	☐
Disinfectant Solution	☐	☐	☐
Interior Clean	☐	☐	☐
Door Seals intact	☐	☐	☐

COMMENTS:

Radio Frequencies	P	M	C
155.340	☐	☐	☐
155.280	☐	☐	☐
155.235	☐	☐	☐
AWIN	☐	☐	☐
Optional Equipment	**P**	**M**	**C**
CPAP	☐	☐	☐



EMSP Signature:_____ EMSP #:_____ Specialist Signature:_____

EMSP Signature:_____ EMSP #:_____ Date:_____