

**State of Nevada EMS Program Inspection Form  
NON-TRANSPORT UNIT**

Permit No.	Agency Name						Level				
	Address						Unit #				
Year	Make	Type	Color	License #	Vin/Serial #		Insp Date				
Type of Inspection: New    Regular    Corrective						Return to Service    Replacement of		Odometer			
<b>Basic Life Support</b>											
<b>Airway/Ventilation</b>			Min.	Y/N	Cat.	<b>Dressing</b>			Min.	Y/N	Cat.
Portable Oxygen (500 lbs. Min.)			1		A	ABD- Trauma Dressings			2		A
Adult Nasal Cannula			2		A	4x4's			10		A
Child & Infant Nasal Cannula **			2			5x9's or equiv.			4		A
Adult Non Rebreather Mask			2		A	Triangular Bandage			2		B
Child Non Rebreather Mask			2		A	Roller Gauze			2		A
Infant Non Rebreather Mask **			2			Occlusive Dressing			2		A
Bag Valve Mask with O2 Reservoir						Burn Dressing Various Sizes			1		A
Adult and Child			1ea		A	Tape/Hypoallergenic Various Sizes			2		B
OPA,s Size 0-5 / equiv.			1ea		A	Survival/Thermal Blanket **			1		
NPA,s 16F - 34F / equiv.			1ea		A	<b>Patient Assessment</b>					
Portable Suction ( battery or hand operated)			1		A	AED or SAED with Adult & Pedi Pads			1		A
						Adult BP Cuff			1		A
Tonsillar Tip or equiv.			1		A	Child BP Cuff			1		A
Flexible Suction Cath w/airflow control			1		B	Infant BP Cuff **			1		
Bulb Syringe not in OB Kit			1		B	Adult Stethoscope			1		A
Suction Tubing			1		A	Pedi Stethoscope **			1		
						Thermometer			1		B
<b>Immobilization Devices</b>						Pen Flashlight			1		B
Backboard (maybe collapsible)			1		A	Pulse Ox with Adult & Pedi Probes **			1		
Ked or equiv.			1		B	<b>Obstetrical</b>					
Straps (3 per Board )			1		A	Obstetrical Kit (sterile)			1		A
C-Collars ( Adult-Tall,Reg,No-Neck						Infant Swaddler			1		B
Short,Pedi,No-Neck or Adjustable)			2ea		A	Current Broselow Tape or equiv.			1		B
Head Immobilizers			1		A	Meconium Aspirator **			1		
Adult Traction Splint			1		A	Infant warming Device **			1		
Pedi Traction Splint **			1								
Splints for Extremities/ Arm & Leg			2ea		B						
<b>Miscellaneous Items</b>											
PPE, Gowns, Glasses, Gloves, etc.			2		A	Tourniquet			1		B
Drinking Water, 1000 ml			1		B	Ring Cutter **			1		
Hot & Cold Packs			2		B	Trauma Scissors			1		A
Hemostatic Agent **			1			Irrigation Saline 1000ml			1		B
Emesis Basin / Bags			1		B	Chem Strips/Glucometer **			1		
Sharps Container			1		A						

				Unit #			
ILS EQUIPMENT	Min.	Y/N	Cat.	ALS EQUIPMENT	Min.	Y/N	Cat.
IV Administration Sets Macro Drip	2		A	Monitor/Defibrillator-Adult and Pedi Pads	1		A
Buretrol or equiv.	1		A	Chest Decompression Kit	1		A
Capnography Adult **	1			Needle Cricothyroidotomy Kit	1		A
Capnography Pedi **	1			Nasogastric Tubes Various Sizes	2ea		B
End Tidal CO2 Detector	2		B	Endotracheal Intubation Kit	1		A
IV Catheters Various Sizes	2ea		A	Endotracheal Tubes 2.5 - 8.0	2ea		A
IO Needles # 15 or 18 Gauge	2		A	Adult & Pedi Stylet	2ea		A
Syringes, TB w/ needles	2ea		A				
IM Needles	2		B	<b>IV Fluids</b>			
Supraglottic Airway Device	2ea		A	Normal Saline 1000cc	2		A
Magill Forceps	1		A	Lactated Ringers **	2		
Nebulizers	2		A	Dextrose 5% Water **	2		
Syringes Various Sizes	2ea		A				
MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL							
Acetaminophen / Tylenol				Ketorolac/ Toradol			
Activated Charcoal				Levalbuterol/ Xopenex			
Adenosine / Adenocard				Levophed/ Norepinephrine			
Albuterol / Proventil				Lidocaine			
Amiodarone / Cardarone				Lidocaine Gel			
Aspirin				Lidocaine Pre-Mix Bag			
Atropine Sulfate				Lorazepam/ Ativan			
Atrovent / Ipratropium Bromide				Magnesium Sulfate			
Calcium Chloride				Midazolam / Versed			
Cyanide Antidote Kit				Morphine Sulfate			
Dextrose				Naloxone / Narcan			
Diazepam/Valium				Neo-Syneprine or Equivalent			
Diltiazem/ Cardizem				Nitroglycerin			
Diphenhydramine / Benadryl				Nitroglycerin Drip			
Dobutamine				Nitrous Oxide / Nitronox			
Dopamine / Intropin				Ondansetron/ Zofran			
DuoDote				Oxymetazoline/ Afrin			
Epinephrine 1:10,000				Oxytocin /Pitocin			
Epinephrine 1:1000				Promethazine / Phenergan			
Epinephrine auto Inj adult/pedi				Racemic Epi			
Fentanyl/ Sublimaze				Sodium Bicarb 8.4%			
Flumazenil/ Ramazacon				Solu-mederal			
Furosemide / Lasix				Terbutaline			
Glucagon				Tetracaine or Equivalent			
Glucose Paste				Thiamine / Vitamin B1			
Haloperidol / Haldol				Vasopressin/ Pitressin			
Hydromorphone/ Dilaudid							
Ketamine				Paralytic Medications			

"Medication list is different for each agency based off of approved protocols. All medications approved for your agency must be stocked appropriately and be within expiration date. All violations of medications are considered to be a Category A "

N/A = Not Applicable    \*\* = Optional Equipment

Unit #

OPERATIONAL STANDARDS							
Meet Standards / Working	Y	N	Cat.	Meet Standards / Working	Y	N	Cat.
Light bar Operational			A	Controlled Medications Stored in Locked Cabinet or Under			
Headlights Operational			A				
Brake Lights Operational			A	Direct Control of Appropriate Licensed Provider			A
Intersection Lights Operational **				Controlled Substances Record of Usage Inventory issued by Service Compliant with			
Turn Indicators Operational			A				
Siren Operational			A	NAC 450B.481			A
Horn Operational			A	Equipment Clean & Sanitized			A
Air Horn Operational **				Vehicle Fully Operational			A
Hospital Radio Operational			A	Fire Extinguisher 5 lbs. ABC Type			A
Dispatch Radio Operational			A	Triage Kit			A
Medical Equipment Stored / secured			A	Current Hazardous Materials Guide			B
Medications Stored for Climate Control			A	Hand Sanitizer			B
Name Printed on Both Sides of Vehicle			A				
Copy of Protocols			B				
Reflective Safety Wear per Attendant			A				
Disinfectant Solution			B				
Flashlight			B				

**ALL VIOLATIONS MUST BE CORRECTED AS OUTLINED BELOW**

**Violations in Category "A"** All Category "A" supplies of any item are missing this requires the unit be immediately removed from service. The unit must be re-inspected and found in compliance with the NRS's and the NAC's of 450B. If less than all category "A" supplies of any item are missing the item shall be treated as a category "B" item.

**Violations in category "B"** must be corrected with a written report to the Division of Public & Behavior Health Emergency Medical Systems program regional office within 72 hours. Failure to comply with this notice may result in suspension of your permit or removal of the unit from service.

Comments :

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This Unit **DOES / DOES NOT** comply with the Emergency Medical Systems Regulations of Division of Public & Behavioral Health.

THIS UNIT IS HEREBY REMOVED FROM SERVICE UNTIL SUCH TIME THAT IT OBTAINS A SATISFACTORY INSPECTION

Date:	Inspected By:	Acknowledged By:
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