

**State of Nevada EMS Program Inspection Form  
AMBULANCE UNIT**

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

				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 **	2			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/ needle	2ea		A				
IM Needles	2		B	<b>IV FLUIDS</b>			
Supraglottic Airway Device	2ea		A	Normal Saline 1000cc	4		A
Magill Forceps	1		A	Lactated Ringers **	2		
Nebulizers	2		A	Dextrose 5% Water **	2		
Syringes Various Sizes	2ea		A				
<b>MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL</b>							
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-Synephrine 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/ Ramazon				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	Dispatch Radio Operational			A
Box Lights Operational			A	Hospital Radio Operational			A
Scene Lights Operational			B	Heater & Air Conditioner Operational			A
Headlights Operational			A	Disinfectant Solution			B
Flash Light			B	Protective Helmet Per Attendant **			
Interior Lights Operational			A	Interior Clean & Sanitized			A
Siren Operational			A	Medications Stored for Climate Control			A
Brake lights Operational			A	Controlled Medications Stored in Locked Cabinet or Under Direct Control of Appropriate Licensed Provider			A
Turn Indicators Operational			A	Controlled Substances Record of Usage Inventory issued by Service Compliant with NAC 450B.481			A
Horn Operational			A	Equipment Clean & Sanitized			A
Fire Extinguisher 5 lbs. ABC Type			A	Ambulance Fully Operational			A
Seat with Safety Belts			A	Current Hazardous Materials Guide			B
Gurney with 5 Point Rest. Harness			A	Triage Kit			B
Gurney Fasteners Secured			A	Hand Sanitizer			B
Stair Chair **							
Name Printed on Both Sides of Vehicle			A				
Reflective Safety Wear per Attendant			A				
Copy of Protocols			B				

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

**Violations in Category "A"** If 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 & Behavioral 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 :

---



---



---



---



---

This Unit **DOES / DOES NOT** comply with the Emergency Medical Systems Regulations of the 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:
-------	---------------	------------------

**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
Tonsillar Tip or equiv.			1		A	Adult BP Cuff			1		A
Flexible Suction Cath w/airflow control			1		B	Child BP Cuff			1		A
Bulb Syringe not in OB Kit			1		B	Infant BP Cuff **			1		
Suction Tubing			1		A	Adult Stethoscope			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 Short,Pedi,No-Neck or Adjustable)			2ea		A	Infant Swaddler			1		B
Head Immobilizers			1		A	Current Broselow Tape or equiv.			1		B
Adult Traction Splint			1		A	Meconium Aspirator **			1		
Pedi Traction Splint **			1			Infant warming Device **			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				
<b>MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL</b>							
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 :

---



---



---



---



---

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:
-------	---------------	------------------

**State of Nevada EMS Program Inspection Form  
AIRCRAFT UNIT**

Permit #	Agency Name						Level				
	Address					Litter Spaces	Unit #				
Year	Make	Type	Color	Tail #	Vin/Serial #	Insp. Date					
Type of Inspection: New    Regular    Corrective						Return to Service    Replacement of		Hours			
<b>Basic Life Support</b>											
<b>Airway/Ventilation</b>			Min.	Y/N	Cat.	<b>Dressing</b>			Min.	Y/N	Cat.
Fixed Oxygen (500 lbs. min.)			1		A	ABD- Trauma Dressings			1		A
Portable Oxygen (500 lbs. min.)			1		A	4x4's			10		A
O2Humidifier (Disposable) Fixed Wing			1		A	5x9's or equiv.			5		A
Adult Nasal Cannula			4		A	Triangular Bandage			2		B
Child & Infant Nasal Cannula **			2			Roller Gauze			4		A
Adult Non Rebreather Mask			4		A	Occlusive Dressing			2		A
Child Non Rebreather Mask			2		A	Burn Sheet/Pack			1		A
Infant Non Rebreather Mask **			2			Tape Hypoallergenic & Adhesive			2		B
Bag Valve Mask with O2 Reservoir Adult & Child			1		A	Survival/Thermal Blanket **			1		
						<b>Patient Assessment</b>					
OPA's Size 0-5 / equiv.			1		A	Adult BP Cuff			1		A
NPA's 16F-34F / equiv.			1		A	Child BP Cuff			1		A
Fixed Suction			1		A	Infant BP Cuff			1		A
Portable Suction / Battery operated			1		A	Adult Stethoscope			1		A
Bulb Syringe not in OB Kit			1		B	Pediatric Stethoscope **			1		
Tonsillar Tip & Suction Tubing			2		A	Pen Flashlight			1		B
Flexible Suction Cath.W/ airflow ctrl			2		B	Thermometer			1		B
<b>Immobilization Devices</b>						Pulse Ox with Adult & Pedi Probes **			1		
Ked or equiv.			1		B						
						<b>Obstetrical</b>					
C-Collars ( Adult-Tall,Reg,No-Neck Short,Pedi, No-Neck or Adjustable)			2ea		A	Obstetrical Kit (Sterile)			1		A
Adult Traction Splint			1		A	Infant Swaddler			1		B
Pedi Traction Splint **			1			Broselow Tape or equiv.			1		A
Head Immobilizers			1		A	Meconium Aspirator **			1		
Splints for Extremities / Arm & Leg			2ea		B	Infant Warming Device **			1		
<b>Miscellaneous Items</b>											
Personal Protection Equip.			2		A	Hemostatic agent **			1		
Drinking Water, 1000 ml **			1			Hot & Cold Packs			2		B
Urinal (fixed wing)			1		B	Trauma Scissors			1		A
Bed Pan with Tissues (fixed wing)			1		B	Chem Strips / Glucometer **			1		
Sharps Container			1		A	Tourniquet			1		B
Emesis Basin / Bags			2		B	Supply of clean linen			2		A

							Unit #			
ALS EQUIPMENT				ALS EQUIPMENT				Min.	Y/N	Cat.
IV Administration Sets Macro	2		A	Monitor/Defibrillator-Adult and Pedi Pads	1				A	
IV Administration Sets Mini	2		A	End Tidal CO2 Detector	2				B	
Buretrol or equiv.	1		A	Chest Decompression Kit	1				A	
Syringes, TB w/ Needle,3, 10, 60cc	2ea		A	Needle Cricothyroidotomy Kit	1				A	
IV Catheters Various Sizes	2ea		A	Nasogastric Tubes Various Sizes	2ea				B	
IO Needles # 15 or 18 Gauge	2ea		A	IM needles	2				B	
Adult & Pedi Stylet	2ea		A							
Endotracheal Tubes 2.5 - 8.0	2ea		A	<b>FLUIDS</b>						
Endotracheal Intubation Kit	1		A	Normal Saline 1000cc	4				A	
Supraglottic Airway Device	1		A	Lactated Ringers **	2					
Magill Forceps	1		A	Dextrose 5% Water **	2					
Nebulizers	2		A							
Syringes Various Sizes	2ea		A							
<b>MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL</b>										
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-Synephrine 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/ Ramazon				Solu-mederal						
Furosemide / Lasix				Terbutaline						
Glucagon				Tetracaine or Equivalent						
Glucose Paste				Tetracaine or Equivalent						
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.
Pt Sled w/ 3 Straps			A	Fire Extinguisher FAA Approved			A
Interior Lights Operational			A	Hospital Radio Operational			A
Medical Equipment Stored / secured			A	Name Printed on Both Sides			
Heater Operational			A	of Aircraft			A
Air Conditional Operational			A	Copy of Protocols			B
Inverter Operational **				Disinfectant Solution			B
Interior Clean & Sanitized			A	Interior Clean & Sanitized			A
Equipment Clean & Sanitized			A				
Medications Stored for Climate Control			A				
Controlled Medications Stored in Locked Cabinet or Under Direct Control of Appropriate Licensed Pro			A				
Controlled Substances Record of usage inventory Issued by Service compliant with NAC 450B.481			A				
Flashlight			B				
Hand Sanitizer			B				
Current Hazardous Materials Guide **							

**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 Nevada Administrative Code 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 & Behavioral 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 :

---



---



---



---



---



---

This Unit **DOES / DOES NOT** comply with the Emergency Medical Systems Regulations of The 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:
-------	---------------	------------------