## State of Nevada EMS Program Inspection Form AMBULANCE UNIT

Permit No.									Level	Level Unit #		
									Unit #			
Year	Make	Туре	Color License # Vin/Serial #				Insp. D		Date			
Type of Inspection :			Ret	Return to						Odo	neter	
New Regular Corrective			Service Replace			lacem	ent of					
				Ba	sic Li	ife Su	upport					
Airway/Ventilation			Min.	Y/N	Cat.		Dressir	ng	Min.	Y/N	Cat.	
Fixed Oxygen (500 lbs. min.)		1		Α	ABD-	Trauma Dressings	5	2		Α		
Portable Oxy	ygen (500 lbs	s. min.)	1		Α	4x4's		20		Α		
Adult Nasal	Cannula		4		Α	5x9's or equiv.			5		Α	
Child & Infar	nt Nasal Can	nula **	2			Triangular Bandage		2		В		
Adult Non Re	ebreather Ma	ask	4		Α	Roller Gauze		4		Α		
Child Non Rebreather Mask		2		Α	Occlusive Dressing		2		Α			
Infant Non Rebreather Mask **		2			Burn Dressing Various Sizes		2		Α			
Bag Valve Mask with O2 Reservoir						Hypoallergenic Va		2		В		
Adult & Child		1ea		Α	Surviv	/al/Thermal Blanke	et **	1				
OPA's Size 0 - 5 / equiv.		1ea		Α	Patient Assessn		ent					
NPA's 16F - 34F / equiv.		1ea		Α	AED or SAED with Adult & Pedi Pads		1		Α			
Fixed Suction		1		Α	Adult BP Cuff		1		Α			
Portable Suction / battery operated		1		Α	Pulse Ox with Adult & Pedi Probes **		edi Probes **	1				
Tonsillar Suction		2		Α	Child BP Cuff		1		Α			
Suction Tubing		2		Α	Infant BP Cuff **			1				
Flexible Suction Cath. W/ airflow ctrl		2		В	Adult Stethoscope		1		Α			
Bulb Syringe not in OB Kit		1	I B Pediatric Stetrioscope		**	1						
Immobilization Dev			vices			Pen F	lashlight		1		В	
Backboard Impervious		2		Α	Thern	nometer		1		В		
KED or equiv.		1		Α	Obstetrical/Child							
Straps (3 pe	r Board ) / S	pider Straps	2		Α	Obste	etrical Kit (sterile)		2		Α	
C-Collars ( A	Adult-Tall,Re	g,No-Neck				Infant Swaddler		2		В		
Short,Pedi, N	No-Neck or A	Adjustable)	2ea		Α	Current Broselow Ta		or equiv.	1		В	
Adult & Pedi	Traction Sp	lint	1		Α	Meco	nium Aspirator **		1			
Pediatric Backboard **		1			Infant Warming Device **		1					
Head Immobilizers		2		Α	Child Restraint System **							
Splints for Extremities / Arms & Legs		2ea		В								
				Mis	cella		s Items					
PPE Gowns,	, Glasses, G	loves etc.	2		Α	Tourn			1		В	
Drinking Wa	ter, 1000 ml		1		В	Ring Cutter **		1				
Hot & Cold F			2		В	Supply of Clean Linen			2		Α	
Hemostatic /	Agent **		1			Traun	na Scissors		1		Α	
Emesis Basin / Bags		2		В	-	ion Solution1000 n		1		В		
Mounted Sharps Container			1		Α	Chem	Strips/Glucometer	r **	1			

					Unit #		
ILS EQUIPMENT	Min.	Y/N	CAT.	ALS EQUIPMENT	MIN.	Y/N	CAT.
IV Administration Sets Macro Drip	2		Α	Monitor/Defibrillator-Adult and Pedi Pads	1		Α
Buretrol or equiv.			Α	Chest Decompression Kit	1		Α
Capnography Adult **				Needle Cricothyroidotomy Kit	1		Α
Capnography Pedi **	2			Nasogastric Tubes Various Sizes	2ea		В
End Tidal CO2 Detector	2		В	Endotracheal Intubation Kit	1		Α
IV Catheters Various Sizes	2ea		Α	Endotracheal Tubes 2.5 - 8.0	2ea		Α
IO Needles #15 or 18 Gauge	2		Α	Adult & Pedi Stylet	2ea		Α
Syringes,TB w/ needle	2ea		Α				
IM Needles	2		В	IV FLUIDS			
Supraglottic Airway Device	2ea		Α	Normal Saline 1000cc	4		Α
Magill Forceps	1		Α	Lactated Ringers **	2		
Nebulizers	2		Α	Dextrose 5% Water **	2		
Syringes Various Sizes	2ea		Α				
MEDICATIONS BA	SED O	N AG	SENC	Y PROTOCOLS AND SERVICE L	EVE	Ļ	-
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/ 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		N		Meet Standards / Working	Y	N	CAT.
Light bar Operational			Α	Dispatch Radio Operational			Α
Box Lights Operational		Α	Hospital Radio Operational			Α	
Scene Lights Operational			В	Heater & Air Conditioner Operational			Α
Headlights Operational			Α	Disinfectant Solution			В
Flash Light			В	Protective Helmet Per Attendant **			
Interior Lights Operational			Α	Interior Clean & Sanitized			Α
Siren Operational			Α	Medications Stored for Climate			
Brake lights Operational			Α	Control			Α
Turn Indicators Operational			Α	Controlled Medications Stored			
Horn Operational			Α	in Locked Cabinet or Under Direct			
Fire Extinguisher 5 lbs. ABC Type			Α	Control of Appropriate Licensed Provider			Α
Seat with Safety Belts			Α	Controlled Substances Record of			
Gurney with 5 Point Rest. Harness			Α	Usage Inventory issued by Service			
Gurney Fasteners Secured			Α	Compliant with NAC 450B.481			Α
Stair Chair **			Equipment Clean & Sanitized			Α	
Name Printed on Both Sides			Ambulance Fully Operational			Α	
of Vehicle			Α	Current Hazardous Materials Guide			В
Reflective Safety Wear per Attendant			Α	Triage Kit			В
Copy of Protocols			В	Hand Sanitizer			В

## 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:				