ALS Ground Ambulance Inspection Form

Name of Provider:	Inspection Date:	Location:	
Unit #: License	Number:		
VEHICLE INFORMATION:			
Mileage:CHP Inspection	Date:	Communications Check:	
Year: Make:	VIN #: _		
General Condition and Cleanliness:			
Exterior/Exterior Compartments:			
Interior/Interior Compartments:			
Patient Compartment Doors (hinges, gask	xets, latches, and pi	ins):	
Other:			

+Optional Item – An item marked with the plus (+) sign is an item available to be chosen by the provider but is not obligatory

	STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
1.	KED	1	
2.	Scoop Stretcher	1	
3.	Spinal Immobilization Board	2	
4.	Backboard Straps	3 sets	
5.	Pediatric Immobilization Device	1	
6.	Patient Carry Tarp	1	
7.	Burn Pack (clean sheets, towels, gown, sterile gloves)	1	
8.	Rigid Collars adjustable – Adult and Pediatric	4 each	
9.	Foam Head Restraints or Comparable Device	3	
10.	Cold Packs	4	
11.	Hot Packs	4	
12.	Traction Splints (adult & pediatric)	1 each	

13. Rigid Extremity Splints (leg & arm, pediatric and adult) 14. Petroleum Jelly Gauze (Sterile) 4 4 15. 5 x 9 ABD Pad 4 16. 4 x 4 sterile Compress 4 4 17. 4" Curlex Rolls 4 18. Bandage Shears 1 19. 10 x 30 inch or Large Universal Dressing 2 20. Rolls of Tape — one must be hypoallergenic Assorted hypoallergenic Assorted hypoallergenic 2 4 x 4 x 5 Non-Sterile 1 package 2 4 4 x 4 x 4 x 5 Non-Sterile 1 package 2 4 4 x 4 x 4 x 5 Non-Sterile 1 package 2 4 2 4 x 4 x 4 x 5 Non-Sterile 1 package 2 4 2 4 4 x 4 x 5 Non-Sterile 1 package 2 4 2 4 4 x 4 x 5 Non-Sterile 1 1 2 2 2 2 2 2 2 3 2 2		STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
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15. 5 x 9 ABD Pad	14.	,	4	
16. 4 x 4 Sterile Compress	15.	• • • • •	4	
17. 4" Curlex Rolls	16.			
18. Bandage Shears 1 1 10 x 30 inch or Large Universal Dressing 2 2 2 2 Rolls of Tape – one must be hypoallergenic Assorted hypoallergenic 1 package 2 2 4 x 4's Non-Sterile 1 package 2 2 2 2 2 2 2 2 2	17.	*	4	
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20. Rolls of Tape – one must be hypoallergenic 21. 4 x 4's Non-Sterile 22. Hemostatic Dressings 2 2. 1 Triangular Bandage 23. Triangular Bandage 24. Exam gloves (Small, Medium, Large, and X-Large) 25. Non-Latex Exam Gloves (Small, Medium, Large, each size 26. Thermometer, Medical Grade Non-Contact Infrared Forehead 27. OB Commercial Pre-packaged pack meeting Title 13, Section 1103.2(a)(16) requirements that also includes survival blanket and scalpel 28. Oral Pharyngeal Airways (sizes 00 through adult) 30. Bag-Valve Device (Adult, Pediatric, neonate) 31. Wall Mounted Flow Meters, Capable of 0-15 Liter Per Minute Flow 32. Nasal Cannulas (adult) 34. Oxygen Mask with Reservoirs (adult and pediatric) 35. Oxygen Mask with Reservoirs (adult and pediatric) 36. Portable Oxygen Supply with Bottle and Regulator 37. Wrench for Oxygen Valve 40. Suction devices, stationary & portable. 41. Suction catheters size 6-14 French		<u> </u>		
21. 4 x 4's Non-Sterile		Rolls of Tape – one must be		
22. Hemostatic Dressings 2 23. Triangular Bandage 2 24. Exam gloves (Small, Medium, Large, and X-Large) each size 25. Non-Latex Exam Gloves (Small, Medium, Large) each size 26. Thermometer, Medical Grade Non-Contact Infrared Forehead 27. OB Commercial/Pre-packaged pack meeting Title 13, Section 1103.2(a)(16) requirements that also includes survival blanket and scalpel 28. Oral Pharyngeal Airways (sizes 00 through 6) 29. Nasal Pharyngeal Airways (sizes peds through adult) 2 sets through adult) 30. Bag-Valve Device (Adult, Pediatric, neonate) 1 each 0-15 Liter Per Minute Flow 2 31. Wall Mounted Flow Meters, Capable of 0-15 Liter Per Minute Flow 2 32. Nasal Cannulas (adult) 6 33. Nasal Cannulas (pediatric) 4 34. Oxygen Mask with Reservoirs (adult and pediatric) 5 oxygen Supply ≥ 10 liters/min x 20 minutes 5 oxygen Supply ≥ 10 liters/min x 20 minutes 3 oxygen Supply ≥ 10 liters/min x 20 minutes 3 oxygen Valve 1 saccounted 2 oxygen Valve 1 saccounted 3 oxygen Valve 2 oxygen Valve 1 saccounted 3 oxygen Valve 1 saccounted 3 oxygen Valve 2 oxygen Valve 2 oxygen Valve 3 oxygen Valve 1 saccounted 3 oxygen Valve 3 oxygen Valve 1 saccounted 4 oxygen Valve 2 oxygen Valve 2 oxygen Valve 3 oxygen Valve 3 oxygen Valve 4 oxygen Valve 4 oxygen Valve 5 oxygen Valve 5 oxygen Valve 5 oxygen Valve 5 oxygen Valve 6 oxygen Valve 7 oxygen Valve 7 oxygen Valve 8 oxygen Valve 9 oxygen Valve 9 oxygen Valve 9 oxygen Valve 9 oxygen Valve 1 oxygen Valve 2 oxygen Valve 3 oxygen Valve 2 oxygen Valve 3 oxygen Valve 3 oxygen Valve 4 oxygen Valve 5 oxyge	21.		1 package	
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41. Suction catheters size 6 – 14 French 42. Bite stick 2 43. Perilaryngeal or Supraglottic Airway Device - King Airway or I-Gel manufacturer recommended sizing –	39.			
42. Bite stick 43. Perilaryngeal or Supraglottic Airway Device - King Airway or I-Gel manufacturer recommended sizing –		Suction devices, stationary & portable.	1 each	
43. Perilaryngeal or Supraglottic Airway Device - King Airway or I-Gel manufacturer recommended sizing –	41.	Suction catheters size 6 – 14 French	1 each	
Device - King Airway or I-Gel size manufacturer recommended sizing –	42.		2	
	43.	Device - King Airway or I-Gel		

	STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
44.	Bougie	2	
45.	ETCO2 Detector (colormetric is no	2	
46.	longer required) 12-lead EKG Monitor with paper print	1	
70.	out capable of transcutaneous pacing;	1	
	wave form capnography with recording		
	capability; defibrillator with variable		
	power control and a range capability of		
	25-360 joules (or clinically equivalent		
	biphasic energy doses). All monitor/defibrillators shall have the		
	capability to perform synchronized		
	cardioversion		
47.	CPAP device capable of delivering	1 each	
	adjustable pressures ranging from 5 - 10		
	cm H ₂ O with FiO ₂ concentrations equal		
	to or greater than 30% oxygen and		
	capable of fitting small, medium and large adult sizes.		
48.	Laryngoscope Handle with 1set of spare	_	
	batteries	2	
49.	Video Laryngoscope + with Approval of Agency Medical Director	1	
50.	Laryngoscope blades 1 set (sizes 4 to 0) Miller	1 set	
51.	Laryngoscope blades 1 set (sizes 4 to 1) Mac	1 set	
52.	Endotracheal tubes and adapters ranging in size from and 5.5 through 9.5 (cuffed) in increments of 0.5 mm.	1 set	
53.	Endotracheal tube stylets to fit all size tubes	1 set	
54.	McGill forceps both child and adult sizes	1 each	
55.	Water soluble lubrication jelly	3	
56.	Nebulizer (hand-held and mask style)	2 each	
57.	Jet Insuflation Device capable of delivering 50 psi with on-off valve and Luer Lock Tip	1	
58.	IV Catheter Needles Size 10 or 12 gauge OR approved NCD Kit	2	
59.	Blood Pressure cuff adult	2	
60.	Blood Pressure cuffs pediatric and extra long	1 each	
61.	Broselow Tape - latest version or an approved Length Based Tape	1	
62.	Stethoscope	1	
63.	Normal Saline for Irrigation 1000 ml	4	
64.	Sheets, pillows, pillowcases, towels	2 sets	
65.	Blankets	2	
66.	Ankle and wrist restraints	1 set	

68. Bedpan 68. Bedpan 1 70. Antibacterial disinfectant solution for cleanup 71. EpiRite Syringe 72. Pulse Oximeter 73. Gillocose Monitoring System 74. Adenosine 6 mg/2 ml concentration 75. Albuterol 3 ml of a .5% solution 76. Amiodarone 150 mg/3ml ampule 6 (Provider must carry either Amiodarone or Lidocaine or both, if they choose a soutlined in SC 2 gm/ Maximum 40 mg 8 Atropine Sulfate 1 mg/10 ml concentration (1 mg preload) 79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration (1 mg preload) 80. Calcium Chloride 81. Dextrose 25% (2.5 gm/preload) 2 2 gm 82. Dextrose 50% preload 25 gm/50ml 83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 84. Epinephrine 1:1,000 (1 mg/ml) 85. Epinephrine 1:10,000 (1 mg/ml) 86. Fentanyl 50 mg/ml Maximum 400mg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SC MSA 50 (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SC MSA 50 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 43 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 44 (Provider must carry either Fentanyl or Mg/mlm SC 44 (STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
1	67.	Emesis Basin/Bag	4	
70. Antibacterial disinfectant solution for eleanup 1	68.	Bedpan	1	
Celeamp	69.	Urinal	1	
72. Pulse Oximeter 1	70.		1	
73. Glucose Monitoring System 1	71.	EpiRite Syringe	0	
74. Adenosine 6 mg/2 ml concentration 75. Albuterol 3 ml of a .5% solution 8 76. Amiodarone 150 mg/3ml ampule (Provider must carry either Amiodarone or Lidocaine or both if they choose a boutlined in SCEMSA Policy 439.90) 77. Aspirin (chewable) tablets 16 tablets 78. Atropine Sulfate 1 mg/10 ml 2 concentration (1 mg preload) 79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration 80. Calcium Chloride 2 gm 81. Dextrose 25% (2.5 gm/preload) 2 gm 82. Dextrose 50% preload 25 gm/50ml 2 c 83. Diphenhydramine (Benadry!) 50mg/1ml or a 25 mg/ml concentration 84. Epinephrine 1:10,000 (1 mg/ml) 3 mg 85. Epinephrine 1:10,000 (1 mg/ml) 10 mg 86. Fentanyl 50 meg/ml Maximum 400meg (Provider must carry either Fentanyl or Murphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon Img/ml 88. Instant Glucose 2 tubes 89. Ketamine + 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00 and mg/mg/mg/ml/Maximum - 40 mg 93. Morphine Sulfate rey either Fantanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00 and mg/mg/mg/ml/Maximum - 40 mg 94. Mucosal Atomizer 3ml 4	72.	Pulse Oximeter	1	
75. Albuterol 3 ml of a .5% solution 76. Amiodarone 150 mg/3ml ampule (Provider must carry either Amiodarone or Lidocaine or both, if they choose) 77. Aspirin (chewable) tablets 78. Atropine Sulfate 1 mg/10 ml concentration (1 mg preload) 79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration 80. Calcium Chloride 81. Dextrose 25% (2.5 gm/preload) 82. Dextrose 50% preload 25 gm/50ml 83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 84. Epinephrine 1:1,000 (1 mg/ml) 85. Epinephrine 1:1,000 (1 mg/ml) 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in ScEMSA Policy 439,00) 87. Glucagon 1mg/ml 88. Instant Glucose 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either fentanyl or Morphine Sulfate or both, if they choose as outlined in ScEMSA Policy 439,00) 91. Midazolam (Versed) as outlined in SCEMSA Policy 439,00 — 20 mg(5mg/ml)Maximum — 60 mg (Provider must carry either chain) or Morphine Sulfate tor both if they choose or outlined sulfate or both if they choose or outlined in SCEMSA Policy 439,00 — 20 mg(5mg/ml)Maximum — 40 mg 93. Morphine Sulfate Textranyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439,00,0 94. Mucosal Atomizer 3ml 4	73.	Glucose Monitoring System	1	
75. Albuterol 3 ml of a .5% solution 8 76. Amiodarone 150 mg/3ml ampule (Provider must carry either Amiodarone or Lidocaine or buth, if they choose 3 may be concentration (1 mg preload) 77. Aspirin (chewable) tablets 16 tablets 78. Atropine Sulfate 1 mg/10 ml concentration (1 mg preload) 79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration 80. Calcium Chloride 81. Dextrose 25% (2.5 gm/preload) 82. Dextrose 50% preload 25 gm/50ml 83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 84. Epinephrine 1:1,000 (1 mg/ml) 85. Epinephrine 1:1,000 (1 mg/ml) 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in ScEMSA Policy 439.90) 87. Glucagon 1mg/ml 88. Instant Glucose 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose a outlined in SCEMSA Policy 439.90) 91. Midazolam (Versed) as outlined in SCEMSA Policy 439.90) 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.90) 93. Morphine Sulfate — Maximum — 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.90) 94. Mucosal Atomizer 3ml 4	74.	Adenosine 6 mg/2 ml concentration	36 mg	
CProvider must carry either Amiodarone or Lidocaine or both, if they chooses	75.	Albuterol 3 ml of a .5% solution		
Tablets Tabl		(Provider must carry either Amiodarone or Lidocaine or both, if they choose)	ampules	
concentration (1 mg preload) 79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration 80. Calcium Chloride 2 gm 81. Dextrose 25% (2.5 gm/preload) 2 82. Dextrose 50% preload 25 gm/50ml 2 83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 3 mg 84. Epinephrine 1:1,000 (1 mg/ml) 3 mg 85. Epinephrine 1:10,000 (1 mg/ml) 10 mg 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439,00) 87. Glucagon 1mg/ml 2 mg 88. Instant Glucose 2 tubes 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. Midazolam (Versed) as outlined in SCEMSA Policy 439,00 — 20 mg (mg/5mg/ml)Maximum – 40 mg 93. Morphine Sulfate — Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose) 94. Mucosal Atomizer 3ml 4	77.	Aspirin (chewable) tablets		
79. Atropine Sulfate 20 ml of a .4 mg/1 ml concentration 2 gm	78.		2	
81. Dextrose 25% (2.5 gm/preload) 2 82. Dextrose 50% preload 25 gm/50ml 2 83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 3 mg 84. Epinephrine 1:1,000 (1 mg/ml) 3 mg 85. Epinephrine 1:10,000 (1mg/10ml) 10 mg 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon 1mg/ml 2 mg 88. Instant Glucose 2 tubes 89. Ketamine +	79.		1 vial	
81. Dextrose 25% (2.5 gm/preload) 2	80.		2 gm	
83. Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration 84. Epinephrine 1:1,000 (1 mg/ml) 85. Epinephrine 1:10,000 (1mg/10ml) 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon Img/ml 88. Instant Glucose 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 – 20 mg (Smg/ml)Maximum – 40 mg 93. Morphine Sulfate -Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	81.	Dextrose 25% (2.5 gm/preload)		
St. Epinephrine 1:1,000 (1 mg/ml) 3 mg	82.	Dextrose 50% preload 25 gm/50ml	2	
85. Epinephrine 1:10,000 (1mg/10ml) 86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon 1mg/ml 88. Instant Glucose 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 -20 mg mg(5mg/ml)Maximum - 40 mg 93. Morphine Sulfate -Maximum - 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml	83.		100 mg	
86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon 1mg/ml 2 mg 88. Instant Glucose 2 tubes 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg (Smg/ml)Maximum – 40 mg 93. Morphine Sulfate – Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	84.	Epinephrine 1:1,000 (1 mg/ml)	3 mg	
86. Fentanyl 50 mcg/ml Maximum 400mcg (Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as outlined in SCEMSA Policy 439.00) 87. Glucagon lmg/ml 88. Instant Glucose 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate – Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	85.	Epinephrine 1:10,000 (1mg/10ml)	10 mg	
88. Instant Glucose 89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	86.	(Provider must carry either Fentanyl or Morphine Sulfate or both, if they choose as	200 mcg	
89. Ketamine + 100mg 90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg (5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	87.	Glucagon 1mg/ml	2 mg	
90. Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	88.	Instant Glucose	2 tubes	
(Provider must carry either Amiodarone or Lidocaine or both if they choose) 91. 92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 – 20 mg mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	89.	Ketamine +	100mg	
92. Midazolam (Versed) as outlined in SCEMSA Policy 439.00 –20 mg mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 20 mg 20 mg 4	90.	(Provider must carry either Amiodarone or	3	
SCEMSA Policy 439.00 –20 mg(5mg/ml)Maximum – 40 mg 93. Morphine Sulfate –Maximum – 60 mg (Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	91.	<i>Y</i>		
(Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as outlined in SCEMSA Policy 439.00) 94. Mucosal Atomizer 3ml 4	92.	SCEMSA Policy 439.00 –20		
The state of the s	93.	(Provider must carry either Fentanyl or Morphine Sulfate or both if they choose as	20 mg	
95. Naloxone (Narcan) 8 mg	94.	Mucosal Atomizer 3ml	4	
	95.	Naloxone (Narcan)	8 mg	

	STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
96.	Nitroglycerine spray bottle capable of	1 bottle	
	providing a metered dose of 0.4	with	
	mg/spray	sufficient	
		supply to treat 2	
		patients	
97.	Nitroglycerine 0.4 Tablets +	16	
		tablets	
98.	Nitroglycerine Paste 2% ointment with	ointment	
99.	tape for application	Offitifient	
100.	Odansetron (Zofran) 4.0 mg tablets or 4 mg/2 ml vials	4	
101.	Sodium Bicarbonate 50 mEq/50 ml concentration	2	
102.	6	2	
103.	Betadine Preps	5	, , , , , , , , , , , , , , , , , , ,
104.	Band-Aids Miscellaneous sizes	1 package	
105.	Medication added labels	Multiple	
106.	15, 25 & 45	5each	
	IO Drill +	1 each	/
	IV Catheter Needles Sizes 14 through 22 gauge	5 each	
109.	Huber Needle 20 gauge, 1", bent tip, non-coring	2	
110.	Needles for injections Size 18 or 19 gauge Size 21, 23, 24 or 25 gauge	3 each	
111.	Normal Saline 1000 ml must be kept within a range of 100 to 110 degrees Fahrenheit. This cache of solution must be dated and either used or discarded within 28 days of warming.	2	
112.			
113.	Normal Saline 100 ml	2	
114.	Normal Saline 1000 ml	6	
115.	Macro-Drip Set (10-20 gtts/ml)	6	
116.	Micro-Drip Set (60 gtts/ml)	2	
117.	Pediatric 100 ml or 150ml Volume Control Chamber Administration Sets	2	
118.	Extension Tubing	6	
119.	Syringes 1, 3, 5, 10, 60 ml	2 each	
120.	IV Tourniquets	5	
121.	Sharps Container(s) as necessary, incl. one in ambulance and one in EMS bag	2	
122.	Alcohol Preps	Multiple	
123.	*	20	

	STANDARD INVENTORY For GROUND AMBULANCES	ALS	MEETS STANDARDS/COMMENTS
124.	Defibrillator Pads – Adult and Pediatric	2	
125.	12-lead Monitor cables (one with	2 sets	
	monitor, one back-up)		
126.	Charged batteries (backups for defibrillator)	1	
127.	five MCI vests per Agency Policy 810.00; 25 triage tags; Set of ICS Forms as specified in SCEMSA Policy 810.00; Complete set of oral airways ranging from sizes 0-6; 4 additional airways in each of the following sizes 4,5,6; 4 - 4 x 4 trauma compresses with ties; 4 - Tourniquets; Pair of bandage scissors/shears;	1	
128.	authorized dispatch center in area of operation.	1	
129.	Radio able to transmit and receive communications on appropriate med-net frequencies and private line tones with hospitals and DCF in unit's service area and surrounding counties. Radios used for communication with hospital must be accessible in the patient compartment.	1	
130.	Portable radio able to transmit and receive communications with authorized dispatch center in area of operation.		
	contractual requirements	1	
132.	Satellite Phone +	1	

D. Recommended Inventory

The following matrix contains equipment and medical supplies recommended to be available to EMS responders on their person, in the unit, or in quarters for dispatch to the scene if necessary.

Recommended ITEMS per person	Carried, Stored in Unit or In Quarters	
Hard hat – Work helmet (Blue)	Unit	1 per person
Eye Protection	Carried	1 per person
Hearing Protection	Carried	1 per person
Body Garment(uniform blue)	Carried	1 per person
Garment – single use	Unit	1 per person
Hooded, chemical resistant clothing	Quarters	1 per person
Jacket – EMS w/reflective stripes	Unit	1 per person
Gloves – chemical-protective Nitrile	Unit	1 box
Gloves work	Unit	1 pair per person
Footwear worn	Carried	1 pair per person
Footwear covers	Unit	1 pair per person
N-100 or N-95 mask	Unit	5
Escape Hood	Carried	1 per person
Flashlight or headlamp	Carried	1 per person
Knife, folding	Carried	1 per person

Recommended ITEMS per person	Carried, Stored in Unit or In Quarters	
Scissors/Shears	Carried	1 per person
Stethoscope	Carried	1 per person
Personal communication device (radio)	Carried	1 per person
Mark I Auto-injector Kit	Unit	1 per person
	ended Extended Operations Equipment	
Daypack –with the following equipment		1
One quart water		1
One water purification unit		1
One set of rain gear		1
Set of emergency garments		1
MRE's for 72 hrs.		1
1 set ear protection		1
Mark I Auto-injector Kit		1
Field Operations Guide (FOG)		1

Form Continued on Next Page

Check Appropriate Box	Finding
	PASS – Vehicle met all of the requirements of SCEMSA Policy 407.00 - Ground Ambulance Equipment and Medical Supply Inventory
	INITIAL FAILURE – PASS UPON IMMEDIATE RESUPPLY – Vehicle did not meet the minimum requirements outlined in SCEMSA Policy 407.00 – Ground Ambulance Equipment and Medical Supply Inventory at the time of inspection. Vehicle was able to immediately be re stocked with missing equipment and/or drugs. Please list the equipment and/or drugs that were missing during the initial inspection:
	FAILURE – OUT OF SERVICE – Vehicle did not meet the minimum requirements outlined in SCEMSA Policy 407.00 – Ground Ambulance Equipment and Medical Supply Inventory at the time of initial inspection and Provider was not able to immediately re stock the vehicle. If inspection results in a finding of "Failure – Out of Service", the Provider must notify the Stanislaus County EMS Agency at 209-552-3600 within 2 hours of said finding.

I hereby certify under penalty of perjury that all informati the best of my knowledge and belief, and I understand the may cause a finding of being in material breach of our co	at any falsification or omission of material facts
Inspection Conducted By:	Date:
I hereby certify under penalty of perjury that all information the best of my knowledge and belief, and I understand the may cause a finding of being in material breach of our control of the state of	at any falsification or omission of material facts
Provider Manager or Supervisor Signature:	Date: