



Stanislaus County Emergency Medical Services Agency

ALS QRV 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, gaskets, latches, and pins*): _____

Other: _____

- *Comparable Device – A device marked with the asterisk (*) sign allows another device to be substituted, which has equal quality to perform the task at hand. For example, a Pediatric Immobilization Device can be substituted by a long backboard.
- +Optional Item – An item marked with the pound (+) sign is an item available to be chosen by the provider but is not obligatory

	Items Required	ALS QRV	Meets Standards/Comments
1.	Patient Carry Tarp	1	
2.	Burn Pack (clean sheets, towels, gown, sterile gloves)	1	
3.	Rigid Collars – adjustable – Adult and Pediatric	2each	
4.	Cold Packs	2	
5.	Hot Packs	2	
6.	Petroleum Jelly (Sterile, Vaseline) gauze	4	
7.	5 x 9 ABD Pads	4	
8.	4 X 4 Sterile Compresses	4	
9.	4" Curlex Roll	4	
10.	Bandage Shears	1	
11.	10 X 30 inch or large universal dressings	2	

	Items Required	ALS QRV	Meets Standards/Comments
12.	Rolls of Tape – one must be hypoallergenic	Assorted	
13.	4 X 4's Non-sterile, Bag	1 package	
14.	Hemostatic Dressings	2	
15.	Triangular Bandage	2	
16.	Roller gauze	2	
17.	Exam Gloves - small, medium, large, and x-large	1 box each	
18.	Non-Latex Exam Gloves - small, medium, large, and x-large	2 pairs each	
19.	Thermometer, Medical Grade Non-Contact Infrared Forehead	1	
20.	Commercial/Pre-packaged OB pack meeting Title 13, section 1103.2(a)(16) requirements that also includes survival blanket and scalpel	1	
21.	Oral Pharyngeal Airways (sizes 00 through 6)	1 set	
22.	Nasal Pharyngeal Airways (sizes peds through adult)	1 set	
23.	Bag-Valve Device (adult, pediatric, neonate)	1 each	
24.	Nasal Cannulas adult size	2	
25.	Nasal Cannulas pediatric size	1	
26.	Oxygen Mask with Reservoirs adult and pediatric size	2 each	
27.	Portable Oxygen Supply with bottle and regulator	2	
28.	Wrench for Oxygen Valves	1	
29.	Suction Handle-Tip Rigid Catheters	1	
30.	Non-collapsible Suction Tubing	1	
31.	Portable Suction Device	1	
32.	Suction Catheters 6-14 French	1 each size	
33.	Bite Stick	1	
34.	Perilaryngeal or Supraglottic Airway Devices - King Airway, or I-Gel manufacturer recommended sizing	1 each size	
35.	Bougie	1	
36.	ETCO2 Detector (colorimetric is no longer required)	2	
37.	CPAP device capable of delivering 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.	1 each size	
38.	Laryngoscope Handle with one set of spare batteries	1	
39.	Laryngoscope Blades 1 set Miller (sizes 4 to 0)	1 set	
40.	Laryngoscope Blades 1 set Mac (sizes 4 to 1)	1 each	
41.	Video Laryngoscope + with Approval of Agency Medical Director	1	

	Items Required	ALS QRV	Meets Standards/Comments
42.	Endotracheal Tubes and Adapters ranging in size from 5.5 through 9.5 (cuffed) in increments of 0.5 mm.	1 set	
43.	Endotracheal Tube Stylets to fit all size tubes	1 each	
44.	McGill Forceps both child and adult sizes	1 each	
45.	Water Soluble Lubrication Jelly	3	
46.	Nebulizer (hand-held and mask style)	2 each	
47.	Jet Insufflation Device capable of delivering 50 psi with on-off valve and Luer Lock Tip	1	
48.	IV Catheter Needles Size 10 or 12 gauge OR approved NCD Kit	2	
49.	Blood Pressure Cuff adult, pediatric and extra long	1 each size	
50.	Broselow Tape - latest version or an approved Length Based Tape	1	
51.	Stethoscope	1	
52.	Normal Saline for Irrigation	2	
53.	Blankets	2	
54.	Emesis Basins/Bags	2	
55.	Antibacterial Disinfectant Solution for cleanup	1	
56.	Pulse Oximeter	1	
57.	Glucose Monitoring System	1	
58.	Adenosine 6 mg/2 ml concentration	18 mg	
59.	Albuterol 3 ml of a .5% solution	6 unit dose	
60.	Amiodarone 150mg/3ml ampule + (Provider must carry either Amiodarone or Lidocaine or both, if they choose)	6 ampules	
61.	Aspirin (chewable) tablets	16 tablets	
62.	Atropine Sulfate 1 mg/10 ml concentration (1 mg preload)	4 preload	
63.	Atropine Sulfate 20 ml of a .4 mg/1 ml concentration	1 vial	
64.	Calcium Chloride	2 gm	
65.	Dextrose 25% (2.5 gm/preload)	2	
66.	Dextrose 50% preload 25 gm/50ml	2	
67.	Diphenhydramine (Benadryl) 50mg/1ml or a 25 mg/ml concentration	100 mg	
68.	Epinephrine 1:1,000 (1 mg/ml)	3mg	
69.	Epinephrine 1:10,000 (1mg/10ml)	6 mg	
70.	Fentanyl 50 mcg/ml Maximum-400mcg	200 mcg	
71.	Glucagon 1mg/ml	1 mg	
72.	Instant Glucose	2 tubes	
73.	Ketamine +	100 mg	

	Items Required	ALS QRV	Meets Standards/Comments
74.	Lidocaine 100mg/10ml (preloads) (Provider must carry either Amiodarone or Lidocaine or both, if they choose as outlined in SCEMSA Policy 439.00)	3	
75.	Midazolam as outlined in SCEMSA Policy 439.00 (Versed)–20 mg(5mg/ml) Maximum – 40 mg	20 mg	
76.	Morphine Sulfate –Maximum – 60 mg	20 mg	
77.	Mucosal Atomizer 3ml	2	
78.	Naloxone (Narcan)	8 mg	
79.	Nitroglycerine 0.4 Tablets+	1 bottle 16 tablets	
80.	Nitroglycerine Paste 2% ointment with tape for application	1 ointment	
81.	Nitroglycerine spray bottle capable of providing a metered dose of 0.4 mg/spray	1 bottle with sufficient supply to treat 2 patients	
82.	Odansetron (Zofran) 4.0 mg tablets or 4 mg/2 ml vials	2	
83.	Sodium Bicarbonate 50 mEq/50 ml concentration	2	
84.	TXA 1000 mg/10 ml	2	
85.	Betadine Preps	5	
86.	Band-Aids Miscellaneous sizes	1 package	
87.	Medication Added Labels	5	
88.	Intraosseous Needles (Stainless Steel) 15, 25 & 45 either electronic or Jamshidi		
89.	IO Drill +	1 each	
90.	IV Catheter Needles Sizes 14 through 22 gauge	5 each	
91.	Huber Needle 20 gauge, 1”, bent tip, non-coring	2	
92.	Needles for Injections 18 or 19 gauge Size 21,23,24, and 25	3 each	
93.	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 two weeks of warming.	2	
94.	Macro-Drip Set (10-20 gtts/ml)	4	
95.	Micro-Drip Set (60 gtts/ml)	2	
96.	Pediatric 100 ml Volume Control Chamber Administration Sets	2	
97.	Extension Tubing	4	
98.	Syringes 1, 3, 5, 10, 60 ml	2 each	
99.	IV Tourniquets	3	
100.	Sharps Container(s) as necessary, incl. one in EMS Bag	1	

	Items Required	ALS QRV	Meets Standards/Comments
101.	Alcohol Preps	5	
102.	12-lead EKG Monitor with paper print out capable of transcutaneous pacing; 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	1	
103.	12-lead Electrode Pads	30	
104.	Defibrillator Pads – Adult and Pediatric	2	
105.	12-lead Monitor cables (one with monitor, one back-up)	1set	
106.	Charged Batteries (backups for defibrillator)	2	
107.	MCI Kit containing the following: Set of 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	
108.	Radio able to communicate with authorized dispatch center in area of operation.	1	
109.	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.	1	
110.	Portable radio able to transmit and receive communications with authorized dispatch center in area of operation.	1	
111.	Cell Phone in compliance with contractual requirements	1	
112.	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
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
Recommended Extended Operations Equipment		
Daypack – “GO” pack for 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

Check Appropriate Box	Finding
	PASS – Vehicle met all of the requirements of SCEMSA Policy 409.00 – BLS and ALS First Response Equipment and Medical Supply Inventory
	INITIAL FAILURE – PASS UPON IMMEDIATE RESUPPLY – Vehicle did not meet the minimum requirements outlined in SCEMSA Policy 409.00 – BLS and ALS First Response 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 409.00 – BLS and ALS First Response Equipment and Medical Supply Inventory at the time of initial inspection and Provider was not able to immediately re stock the vehicle.

I hereby certify under penalty of perjury that all information on this inspection form is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause a finding of being in material breach of our company’s ambulance provider agreement.

Inspection Conducted By: _____ **Date:** _____

I hereby certify under penalty of perjury that all information on this inspection form is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause a finding of being in material breach of our company’s ambulance provider agreement.

Provider Manager or Supervisor Signature: _____ **Date:** _____