



Stanislaus County Emergency Medical Services Agency

BLS 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

	Item Required	BLSQRV	Meets Standard/Comment
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	

	Item Required	BLSQRV	Meets Standard/Comment
10.	Bandage Shears	1	
11.	10 X 30 inch or large universal dressings	2	
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.	Commercial/Pre-packaged OB pack meeting Title 13, section 1103.2(a)(16) requirements that also includes survival blanket and scalpel	1	
20.	Oral Pharyngeal Airways (sizes 00 through 6)	1 set	
21.	Nasal Pharyngeal Airways (sizes peds through adult)	1set	
22.	Bag-Valve Device (adult, pediatric, neonate)	1 each	
23.	Nasal Cannulas adult size	2	
24.	Nasal Cannulas pediatric size	1	
25.	Oxygen Mask with Reservoirs adult and pediatric size	2 each	
26.	Portable Oxygen Supply with bottle and regulator	2	
27.	Wrench for Oxygen Valves	1	
28.	Suction Handle-Tip Rigid Catheters	1	
29.	Non-collapsible Suction Tubing	1	
30.	Portable Suction Device	1	
31.	Bite Stick	1	
32.	Perilaryngeal or Supraglottic Airway Devices - King Airway, or I-Gel manufacturer recommended sizing	1 each size	
33.	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	
34.	Water Soluble Lubrication Jelly	3	
35.	Blood Pressure Cuff adult, pediatric and extra long	1 each size	
36.	Stethoscope	1	
37.	Normal Saline for Irrigation	2	
38.	Blankets	2	
39.	Emesis Basins/Bags	2	
40.	Antibacterial Disinfectant Solution for cleanup	1	
41.	EpiRite Syringe	2	
42.	Pulse Oximeter	1	

	Item Required	BLSQRV	Meets Standard/Comment
43.	Glucose Monitoring System	1	
44.	Epinephrine 1:1,000 (1 mg/ml)	2 mg	
45.	Instant Glucose	2 tubes	
46.	Mucosal Atomizer 3ml	2	
47.	Naloxone (Narcan)	8 mg	
48.	Band-Aids Miscellaneous sizes	1 package	
49.	Sharps Container(s) as necessary, incl. one in EMS Bag	1	
50.	Alcohol Preps	5	
51.	AED with 1 extra set of pads for adult and children	1	
52.	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	
53.	Radio able to communicate with authorized dispatch center in area of operation.	1	
54.	Portable radio able to transmit and receive communications with authorized dispatch center in area of operation.	1	
55.	Cell Phone in compliance with contractual requirements	1	

Form Continued on Next Page

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

Form Continued on Next Page

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:** _____