

**NEW YORK STATE DEPARTMENT OF HEALTH
Emergency medical Services Program**

**Inspection Report for
Certified Ambulance Vehicles**

NYS EMS PROGRAM STAFF USE ONLY

Agency Name			Agency Code		Inspection Location			Time	Date	
Vehicle VIN ID			Year	Mfg	DMV Reg Exp .21(b)		DMV Insp Exp .21(a)		Veh License & Agency	
Driver			License and EMT No. & Exp. Date			EMS Staff		EMT No.	Exp. Date	
800.24 PATIENT TRANSFER EQUIPMENT						800.24 BANDAGES AND DRESSINGS				
<input type="checkbox"/>	<input type="checkbox"/>	a.1	Wheeled ambulance cot			24	<input type="checkbox"/>	d.1	Dressings, 4 X 4 (24)	
<input type="checkbox"/>	<input type="checkbox"/>	a.2	Stretcher of equiv			3	<input type="checkbox"/>	d.2	Tape 2 sizes (3)	
<input type="checkbox"/>	<input type="checkbox"/>	a.3	Stair chair or equiv			10	<input type="checkbox"/>	d.3	Conforming gauze 2 sizes (10)	
<input type="checkbox"/>	<input type="checkbox"/>	a.4	Litter/cot fasteners for 2 devices			2	<input type="checkbox"/>	d.4	Universal dressings, 10 X 30 (2)	
2 ea	<input type="checkbox"/>	a.5	Patient straps, 2 on each device			10	<input type="checkbox"/>	d.5	Dressings lg., 5 X 9 (10)	
800.23 & 24 AIRWAY AND OXYGEN EQUIPMENT						800.24 MISC. & SPECIAL EQUIPMENT				
<input type="checkbox"/>	<input type="checkbox"/>	b.1	Adult B-V-M w/2 adult masks			2	<input type="checkbox"/>	d.6	Bandage shears	
1/3	<input type="checkbox"/>	h. 1&2	Ped B-V-M w/3 ped/child masks			6	<input type="checkbox"/>	d.7	Sterile burn sheets (2)	
4	<input type="checkbox"/>	b.2	Adult oral airways (4 sizes)				<input type="checkbox"/>	d.8	Triangular bandages (6)	
2 ea/3	<input type="checkbox"/>	h.4	Ped oral airways (3 sizes, 2 ea)				<input type="checkbox"/>	d.9	Sterile saline (1L) Exp _____	
<input type="checkbox"/>	<input type="checkbox"/>	b.3	Portable O ² w/spare PSI _____ PSI _____				<input type="checkbox"/>	d.10	Occlusive dressing	
<input type="checkbox"/>	<input type="checkbox"/>	b.4	Installed O ² with flow meters PSI _____				<input type="checkbox"/>	800.24 MISC. & SPECIAL EQUIPMENT		
<input type="checkbox"/>	<input type="checkbox"/>	23.e	O ² cylinders secured			2+3	<input type="checkbox"/>	e.1-6	Sterile OB supplies	
<input type="checkbox"/>	<input type="checkbox"/>	23.e	O ² cylinders in date M _____ P _____ S _____			4	<input type="checkbox"/>	f.1	Linen & pillow + spares	
<input type="checkbox"/>	<input type="checkbox"/>	h.7	O ² Humidifier w/sterile water				<input type="checkbox"/>	f.2	Cloth towels (4)	
4 ea	<input type="checkbox"/>	b.5	Adult NRB masks and cannulas (2 ea)			2	<input type="checkbox"/>	f.3	Facial tissues	
2 ea	<input type="checkbox"/>	h.3	Ped NRB masks and cannulas (2 ea)				<input type="checkbox"/>	f.4	Emesis containers (2)	
<input type="checkbox"/>	<input type="checkbox"/>	b.6	Portable suction			4	<input type="checkbox"/>	f.7	Carrying case (Jump kit)	
2 ea	<input type="checkbox"/>	h.6	Ped suction device (2 ea)				<input type="checkbox"/>	f.8	Cold packs (4)	
<input type="checkbox"/>	<input type="checkbox"/>	b.7	Installed adjustable suction (to 300 mm/hg)			2	<input type="checkbox"/>	f.9 & .10	Urinal & bed pan	
2 ea	<input type="checkbox"/>	b.8	Rigid suction catheters (2 ea)				<input type="checkbox"/>	f.11	Masks & goggles or equiv (2)	
2 ea/3	<input type="checkbox"/>	h.5	Suction catheters 5, 8, 10 fr. (2 ea)			6	<input type="checkbox"/>	f.13	Glucose or equiv (1)	
800.24 ASSESSMENT EQUIPMENT							<input type="checkbox"/>	f.14	Sanitary napkins (6)	
<input type="checkbox"/>	<input type="checkbox"/>	f.5	Adult BP cuff				<input type="checkbox"/>	h.11	Infant swaddler	
2	<input type="checkbox"/>	h.8	Ped BP cuffs (infant & child)				<input type="checkbox"/>	800 GENERAL & VEHICLE REQUIREMENTS		
<input type="checkbox"/>	<input type="checkbox"/>	f.6	Adult stethoscope				<input type="checkbox"/>	.21(a)	DMV inspection	
<input type="checkbox"/>	<input type="checkbox"/>	h.10	Ped stethoscope				<input type="checkbox"/>	.21(b)	Vehicle mechanical condition	
<input type="checkbox"/>	<input type="checkbox"/>	f.12	Gloves, disposable (2 pair)				<input type="checkbox"/>	.21(b)	Tires	
<input type="checkbox"/>	<input type="checkbox"/>	f.15	Penlight/flashlight				<input type="checkbox"/>	.21(b)	Lights & warning devices	
800.24 IMMOBILIZATION EQUIPMENT							<input type="checkbox"/>	.21(e)	Agency name & DOH logo (3 sides)	
<input type="checkbox"/>	<input type="checkbox"/>	c.1	Full length backboard w/straps				<input type="checkbox"/>	.21(h)	Driver & EMS staff licenses	
<input type="checkbox"/>	<input type="checkbox"/>	c.2	Half length spinal immob dev w/straps				<input type="checkbox"/>	.21(n)	Vehicle interior clean & sanitary	
<input type="checkbox"/>	<input type="checkbox"/>	c.3	Traction splinting device				<input type="checkbox"/>	.22(a) (b) (c) (f)	Construction	
<input type="checkbox"/>	<input type="checkbox"/>	c.4	Padded splint set or equiv				<input type="checkbox"/>	.22(d)	Seat belts	
3	<input type="checkbox"/>	c.5	Adult extrication collars (Sm, M, L)				<input type="checkbox"/>	.22(e)	Communications equipment	
<input type="checkbox"/>	<input type="checkbox"/>	h.9	Ped extrication collar				<input type="checkbox"/>	.22(g)	Heating and air conditioning	
<input type="checkbox"/>	<input type="checkbox"/>	c.6	Head immobilization device				<input type="checkbox"/>	.22(h)	Patient transport devices secure	
800.24 SAFETY EQUIPMENT							<input type="checkbox"/>	.23(a)	Equipment clean & sanitary	
<input type="checkbox"/>	<input type="checkbox"/>	g.1	Flares (6) or equiv				<input type="checkbox"/>	.23(b)	EMT operates equipment	
<input type="checkbox"/>	<input type="checkbox"/>	g.2	Battery lantern				<input type="checkbox"/>	.23(c)	Fluids in plastic containers	
<input type="checkbox"/>	<input type="checkbox"/>	g.3	Fire extinguisher (10BC)				<input type="checkbox"/>	.23(d)	Equipment secured	
							<input type="checkbox"/>	.23(f)	Locked drug compartment	

COMMENTS

EMS Representative Signature			<input type="checkbox"/> Quick Check <input type="checkbox"/> Full Inspection		<input type="checkbox"/> Violation(s) Issued		Vehicle Passes Inspection <input type="checkbox"/> YES <input type="checkbox"/> NO	
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