

Inspection Report for Emergency Ambulance Service Vehicles

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Agency Name		Agency Code		Inspection Loc.		Time	Date
Vehicle VIN		Year	Mfg	DMV Reg Exp.	DMV Insp. Exp.	Vehicle Lic. & Agency ID	
Driver/Attendant			Driver's Lic # & Exp. Date			EMT # & Exp. Date	
Registered Owner of Vehicle						Privately Owned Vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Quick Check **Full Inspection**

800.26 Emergency Care Equipment

	YES	NO
a.1 Sterile 4X4 Pads (12)	<input type="checkbox"/>	<input type="checkbox"/>
a.2 Tape, Assorted (3)	<input type="checkbox"/>	<input type="checkbox"/>
a.3 Conforming Gauze, Assorted (6)	<input type="checkbox"/>	<input type="checkbox"/>
a.4 Universal Dressings, 10X30 (2)	<input type="checkbox"/>	<input type="checkbox"/>
a.5 Sterile Dressings, 5X9 (6)	<input type="checkbox"/>	<input type="checkbox"/>
a.6 Bandage Shears	<input type="checkbox"/>	<input type="checkbox"/>
a.7 Triangular Bandages (6)	<input type="checkbox"/>	<input type="checkbox"/>
a.8 Sterile Saline (500cc) Exp.	<input type="checkbox"/>	<input type="checkbox"/>
a.9 Occlusive Dressing	<input type="checkbox"/>	<input type="checkbox"/>
a.10 Glucose or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
a.11 Sterile Burn Sheet (1)	<input type="checkbox"/>	<input type="checkbox"/>
a.12 Sterile OB Supplies	<input type="checkbox"/>	<input type="checkbox"/>
a.13 Adult BP Cuff (1)	<input type="checkbox"/>	<input type="checkbox"/>
a.13 Pediatric BP Cuff (1)	<input type="checkbox"/>	<input type="checkbox"/>
a.13 Stethoscope (1)	<input type="checkbox"/>	<input type="checkbox"/>
a.14 Adult Cervical Collars (S, M, L)	<input type="checkbox"/>	<input type="checkbox"/>
a.15 Carrying Case (jump case)	<input type="checkbox"/>	<input type="checkbox"/>

800.26 Oxygen and Resuscitation Equipment

	YES	NO
b.1 Portable O2 w/Flowmeter; D size, Min. 1000 psi	<input type="checkbox"/>	<input type="checkbox"/>
b.2 Adult BVM w/Air Cushion Mask & O2 attachment	<input type="checkbox"/>	<input type="checkbox"/>
b.3 Airways, Adult & Pediatric (4)	<input type="checkbox"/>	<input type="checkbox"/>
b.4 Adult Nonrebreather masks (2)	<input type="checkbox"/>	<input type="checkbox"/>
b.4 Adult Nasal Cannulas (2)	<input type="checkbox"/>	<input type="checkbox"/>
b.5 Portable Suction, Min. 300 mmHg	<input type="checkbox"/>	<input type="checkbox"/>
b.5 Yankauer Suction Catheter (2)	<input type="checkbox"/>	<input type="checkbox"/>
b.6 Pen Light or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

800.26 Safety Equipment

	YES	NO
d.1 Flares (6) or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
d.2 Battery Lantern	<input type="checkbox"/>	<input type="checkbox"/>
d.3 Fire Extinguisher 10 BC	<input type="checkbox"/>	<input type="checkbox"/>

800.26 Extrication Equipment

	YES	NO
e.1 Short Backboard or Equivalent w/ Straps	<input type="checkbox"/>	<input type="checkbox"/>
e.2 Blanket (1)	<input type="checkbox"/>	<input type="checkbox"/>

800 General and Vehicle Requirements

	YES	NO
26(c) Direct Communication w/Dispatcher & Ambulance	<input type="checkbox"/>	<input type="checkbox"/>
21(a) DMV Inspection	<input type="checkbox"/>	<input type="checkbox"/>
21(a) DOH Inspection	<input type="checkbox"/>	<input type="checkbox"/>
21(b) DMV Registration	<input type="checkbox"/>	<input type="checkbox"/>
21(b) Vehicle Mechanical Condition	<input type="checkbox"/>	<input type="checkbox"/>
21(b) Tires	<input type="checkbox"/>	<input type="checkbox"/>
21(b) Lights and Warning Devices	<input type="checkbox"/>	<input type="checkbox"/>
21(e) Agency name & DOH Logo (3 sides)	<input type="checkbox"/>	<input type="checkbox"/>
23(a) Equipment Clean & Sanitary	<input type="checkbox"/>	<input type="checkbox"/>
23(a) Equipment Operable	<input type="checkbox"/>	<input type="checkbox"/>
23(c) Fluids in Plastic Containers (>249 cc)	<input type="checkbox"/>	<input type="checkbox"/>
23(d) Equipment Secured	<input type="checkbox"/>	<input type="checkbox"/>
23(e) O2 Cylinders Secured	<input type="checkbox"/>	<input type="checkbox"/>
23(e) O2 Cylinders in Hydrostatic Test	<input type="checkbox"/>	<input type="checkbox"/>
23(f) Medications & Controlled Substances Safe & Secure	<input type="checkbox"/>	<input type="checkbox"/>
ALS Equipment & Supplies in Accordance with Plan and Approved by Med Control	<input type="checkbox"/>	<input type="checkbox"/>
Privately Owned Vehicles		
26(g) 1&2 Agency Policies and Authorization	<input type="checkbox"/>	<input type="checkbox"/>
26(g) 3 Proof of Insurance	<input type="checkbox"/>	<input type="checkbox"/>

EMS Rep. Signature _____ Violation(s) Issued Vehicle Passes Inspection? YES NO