San Luis Valley RETAC

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AMBULANCE INSPTECTION FORM	Date:	Time:
Agency Name:		
Location of Inspection:		
Address:		
Permanent Station for this ambulance: YES ☐ NO ☐		
Agency Representative:		

VEHICEL INFORMATION

Purpose of Inspection: Initial Inspection Routine Inspection Re-Inspection Complaint		Permit Classification: Type I Type II Type III Other_____	
V.I.N #:	License#:	Tag Expire:	Local Unit#:
Make:	Model:	Year:	
Body Conversion same as build: YES NO	Note:	Mileage	
Engine Type: Diesel Gasoline Other _____	Level: BLS ALS Transport FIRE Other _____		
Insurance Verification: YES NO	Insurance Owner:		Expire:
Registration Verification: YES NO	Registration Owner:		Expire:

ENGINE, BREAKS, STEERING, ELTECTRICAL, TIRES

Tire treed depth: LF: _____/32 LR: _____/32 LDR: _____/32 RF: _____/32 RR: _____/32 RDR: _____/32 Notes_____		
Dual Batteries: YES NO	Battery Switching System: YES NO	Battery light on: YES NO
Battery 1 Condition: Bad Fair Good Excellent Other _____	Battery 2 Condition: Bad Fair Good Excellent Other _____	
Oil Level: Full Needs Refill Needs Attention	Window Washer Level: Full Needs Refill Needs Attention	Power Steering Level: Full Needs Refill Needs Attention
Break Level: Full Needs Refill Needs Attention	Coolant Level: Full Needs Refill Needs Attention	Transmission Level: Full Needs Refill Needs Attention
Exhaust System intact: YES NO	Parking Brake: Pass Fail Notes:	Fluid Leaks: YES NO
Belt/Hoses Condition: Bad Fair Good Excellent Other _____	Wiper blades Condition: Bad Fair Good Excellent Other _____	
Last Oil Change: _____	Last Maintenance Service: _____	

EXTERIOR AND BODY

Cleanliness and General Condition: Bad Fair Good Excellent Other _____	Condition of Windshield: Bad Fair Good Excellent Other _____	
Headlights: Pass Fail Notes:	Turn Signals: Pass Fail Notes:	Brake Lights: Pass Fail Notes:
License Plate Light: Pass Fail Notes:	Back-up Light: Pass Fail Notes:	Tail Lights: Pass Fail Notes:
Spot Light: Pass Fail Notes:	Emergency Lights: Pass Fail Notes:	Door Lights: Pass Fail Notes:
Siren: Pass Fail Notes:	Horn: Pass Fail Notes:	Right Door Seal: Pass Fail Notes:

EXTERIOR AND BODY		
Left Door Seal: Pass Fail	Back Door Seal: Pass Fail	Side Door Seal: Pass Fail
Left Door Operation: Pass Fail	Back Door Operation: Pass Fail	Side Door Operation: Pass Fail
Right Door Operation: Pass Fail	LF Wheel & Rims: Pass Fail	LR Wheel & Rims: Pass Fail
RF Wheel & Rims: Pass Fail	RR Wheel & Rims: Pass Fail	Right Mirror: Pass Fail
Left Mirror: Pass Fail	Appropriate Identifying marks: Pass Fail	Body damage: YES NO Note:

Cab Interior		
Gauges Operation: FUEL: _____ Oil: _____ Temperature: _____ AMP: _____ Other: _____		
Warning Light: Pass Fail Note:	Overhead Light: Pass Fail Note:	Handheld Spotlight: Pass Fail Note:
Cleanliness and General Condition: Bad Fair Good Excellent Other _____	Hazardous Material Handbook: YES NO Edition: _____	
Radio Equipment: Dispatch : YES NO Receiving Hospital: YES NO Medical Control: YES NO		
Driver Seat Belt: YES NO	Passenger Seat Belt: YES NO	Equipment Secure: Pass Fail
Trip Report: Paper Form: Electronic Form:		
Flashlight: YES NO	Heater: Pass Fail	Air Conditioner: Pass Fail

Safety, Rescue, Extrication Equipment		
Set of 3 Warning Reflectors: YES NO Note:	2 – Five pound ABC FIRE extinguisher: YES NO Note:	
Hard Hat: YES NO	Leather Gloves: YES NO	Bullet Proof Vest: YES NO
Extrication Equipment for Level of Service Provider: YES NO Note:		
Face Mask and Shield: YES NO	Goggles: YES NO	Gown: YES NO
Biohazard Bags: YES NO	Antimicrobial hand cleaner: YES NO	N95 Mask: YES NO

Splinting, Immobilization Equipment
C-Spine Immobilization: Pediatric: YES NO Pediatric no-neck: YES NO X-Short: YES NO Small: YES NO Regular: YES NO Large: YES NO
Splint Accessories: Check all that apply Straps Belts Tape Head Beds Towels Blanket Rolls Foam Blocks Ferno Head Blocks with straps
Pediatric: Check all that apply KED Vacuum Mattress Short Board Other:_____
Adult: Check all that apply Short board KED Long Board Scoop Vacuum Mattress Other: _____
Extremity Splint: Air Splint Sam Splint Vacuum Splint Padded Board Other: _____

PATIENT COMPARTMENT

Cleanliness and General Condition: Bad Fair Good Excellent Other _____		Radio Equipment: Dispatch Receiving Hospital Medical Control
Compartment Light: Pass Fail Notes:		Light Activate by rear door: Pass Fail Notes:
Compartment light controlled by controller: Pass Fail		Seatbelt: Pass Fail Notes: Total amount:
Celling Holding Device: YES NO	Door Holding device: YES NO	Backdoor holding device: YES NO
Flooring (flat, one piece): Pass Fail Notes:		Controllers functioning: Pass Fail Notes:
Heater: Pass Fail	Air Conditioner: Pass Fail	Windows intact: YES NO
Child Safety Seat: Pass Fail	Equipment on counter secured: Pass Fail	Stretcher Secured: Pass Fail
Monitor secured: Pass Fail	Oxygen knobs secured: Pass Fail	Sharps Container: YES NO

DIAGNOSTIC EQUIPMENT

Infant Aneroid Sphygmomanometer: YES NO	Pediatric Aneroid Sphygmomanometer: YES NO
Adult Aneroid Sphygmomanometer: YES NO	Obese Aneroid Sphygmomanometer: YES NO
Stethoscope: YES NO	Pulse Oximeter: YES NO
Glucometer: YES NO	Glucometer Strips: YES NO Expiration Date:
Penlight: YES NO	Thermometer: YES NO

RESPIRATORY, RESUSCITATION, AIRWAY

House Oxygen with Variable Flow Regulators: Pass Fail PSI Level:_____ Notes:

Portable Oxygen with Variable Flow Regulator: Pass Fail PSI Level:_____ Notes:

Spare Oxygen Bottle with Key: Yes NO Sealed: Yes NO PSI Level:_____ Notes:

Nasal Cannula: Infant: YES NO Quantity: _____ Location: _____ Pediatric: YES NO Quantity: _____ Location: _____ Adult: YES NO Quantity: _____ Location: _____	Bag-Valve Mask with Reservior: (1 each) Infant: YES NO Quantity: _____ Location: _____ Pediatric: YES NO Quantity: _____ Location: _____ Adult: YES NO Quantity: _____ Location: _____
Nasopharyngeal: (2 each) 24fr/6.0mm: YES NO Note: _____ 26fr/6.5mm: YES NO Note:_____ 28fr/7.0mm: YES NO Note: _____ 30fr/7.5mm: YES NO Note: _____ 32fr/8.0mm: YES NO Note: _____ Other: _____	Oropharyngeal: (2 each) #0_40-55mm/5.5: YES NO Note: _____ #1_6.0mm/6 : YES NO Note: _____ #2_60-70mm/7: YES NO Note: _____ #3_80mm/8: YES NO Note: _____ #4_90-100mm/9: YES NO Note: _____ #5_100-105mm/10: YES NO Note: _____ #6_110-120mm/11-12: YES NO Note: _____

End Title CO2 Detector: Yes NO	Bulb Syring: Yes NO	Magil Forcepts: Yes NO

Nebulization Set Up: Pass Fail Note: _____

Teddy Vent: YES NO Infant Mask: YES NO Pediatric Mask: YES NO Adult Mask: YES NO

RESPIRATORY, RESUSCITATION, AIRWAY	
Portable Suction Apparatus – rigid & soft tips: Pass Fail	On-Board Suction – rigid & soft tips: Pass Fail
Non-Visualized Airway with soluble lubricant: (2) Laryngeal Mask Airway (LMA): YES NO Igel: YES NO King Laryngeal tube: YES NO Cobi-tube: YES NO	Soft Catheter Suction Tips: 5'6fr: YES NO 8fr: YES NO 10fr: YES NO 12fr: YES NO 14ft: YES NO

ADVANCE RESPIRATORY, RESUSCITATION, AIRWAY (Endotracheal Intubation)		
Laryngoscope: Pass Fail	Batteries: YES NO	Bulbs: YES NO
Miller Blade (Straight), size 0-4 : YES NO Note:	Macintosh Blade (Curved), size 0-4 : YES NO Note:	
Pediatric Stylette: YES NO	Adult Stylette: YES NO	
Intubation Tube Uncuffed Pediatric: (2 each): 2.5mm : YES NO Note:_____ 3.0mm-4.5mm : YES NO Note: _____	Intubation Tube Adult: (2 each): 5.0mm-8.0mm: YES NO Note: _____ 9.0mm: YES NO Note: _____	

INTRAVENOUS, MEDICATION ADMINISTRATION SUPPLIES		
Intravenous Catheters: 24 gauge: YES NO 22 gauge: YES NO 20 gauge: YES NO 18 gauge: YES NO 16 gauge: YES NO 14 gauge: YES NO	Intraosseous: Pink_15mm: YES NO Blue_25mm: YES NO Yellow_45mm: YES NO Drill: YES NO IO Kit : YES NO	
Macro Drip IV Tubing: YES NO	Micro Drip IV Tubing: YES NO	Blood Tubing: YES NO
Burette: YES NO	Transparent Dressing: YES NO	Tape: YES NO
Alcohol/Betadine Preps: YES NO	Venous Tourniquet: YES NO	Lab Blood Tubes (5) : YES NO
Blood Draw needle : YES NO	Heplock: YES NO	Peds Heplock: : YES NO
Saline Flush 5ml : YES NO	Saline Flush 10ml : YES NO	Filter Needle: YES NO
Needles for SQ injection: YES NO	Needles for IM injection: YES NO	Syringes: YES NO

MEDICATION		
Warm Normal Saline: YES NO	Dose:	Expired date:
Cold Normal Saline: YES NO	Dose:	Expired date:
LR : YES NO	Dose:	Expired date:
D5%: YES NO	Dose:	Expired date:
Other:		

MEDICATION		
* Medication Administration and Guidelines will be followed based on Ambulance level, Protocols, and approval of Medical Director. *Within Expiration Date		
☐ Acetaminophen(Tylenol)	☐ Adenosine (Adenocard)	☐ Albuterol Sulfate (Proventil) 2.5mg
☐ Albuterol Sulfate (Ventolin) 1mg	☐ Amiodarone (Cordarone)	☐ Antiemetics (Ondansetron)(Zofran)
☐ Antiemetics (Promethazine)(Phenergan)	☐ Antiemetics (Metocl)(Reglan)	☐ Aspirin 0.4 mg Tablet Spray
☐ Atropine Sulfate	☐ Benzodiazepines (Diazepam)	☐ Benzodiazepines (Lorazepam)
☐ Benzodiazepines (Midazolam))	☐ Calcium	☐ Dextrose 50% 25mg
☐ Diphenhydramine (Benadryl)	☐ Droperidol (Inapsine)	☐ DuoDote (Nerve Agent Antidote kit)
☐ Epinephrine 1:1000 1mg	☐ Epinephrine 1:10,000 1mg	☐ Glucagon
☐ Haloperidol (Haldol)	☐ Hemostatic Agent (Quick Clot)	☐ Hemostatic Agent (Celox)
☐ Hemostatic Agent (Bloodstop)	☐ Hemostatic Agent (Actcel)	☐ Hemostatic Agent (HemCon)
☐ Hemostatic Agent (ChitoGauze)	☐ Hydroxocobalamin (Cyanokit)	☐ Ibuprofen (Advil)
☐ Ibuprofen (Motrin)	☐ Ipratropium Bromide (Atrovent)	☐ Lidocaine Hydrochloride 2% 100mg
☐ Lidocaine Hydrochloride 2 % 1mg-2mg premixed	☐ Magnesium Sulfate	☐ Methylprednisolone (Solu-Medrol)
☐ Naloxone (Narcan) 0.4mg	☐ Ketorolac (Toradol)	☐ Opioids (Fentanyl)
☐ Opioids (Morphine)	☐ Opioids (Hydromorphone)	☐ Oral Glucose
☐ Oxygen	☐ Phenylephrine (intranasal)	☐ Racemic Epinephrine
☐ Sodium Bicarbonate 50mlEq	☐ Tropical Ophthalmic Anesthetics	☐ Other
Narcotics in Double Locked Box	Narcotic Inspected	
List of Medication include quantities and concentration	Protocol on Board	

List any Medication that may be expired however approved by the State due to shortage: _____

_____

_____

ADVANCE SKILLS	
Thoracostomy: Large Board IV Catheter: YES NO	Occlusive Dressing: YES NO
Cricothyrotomy: Scalpel: YES NO	Airway tube with securing device: YES NO
Other:	
Other:	

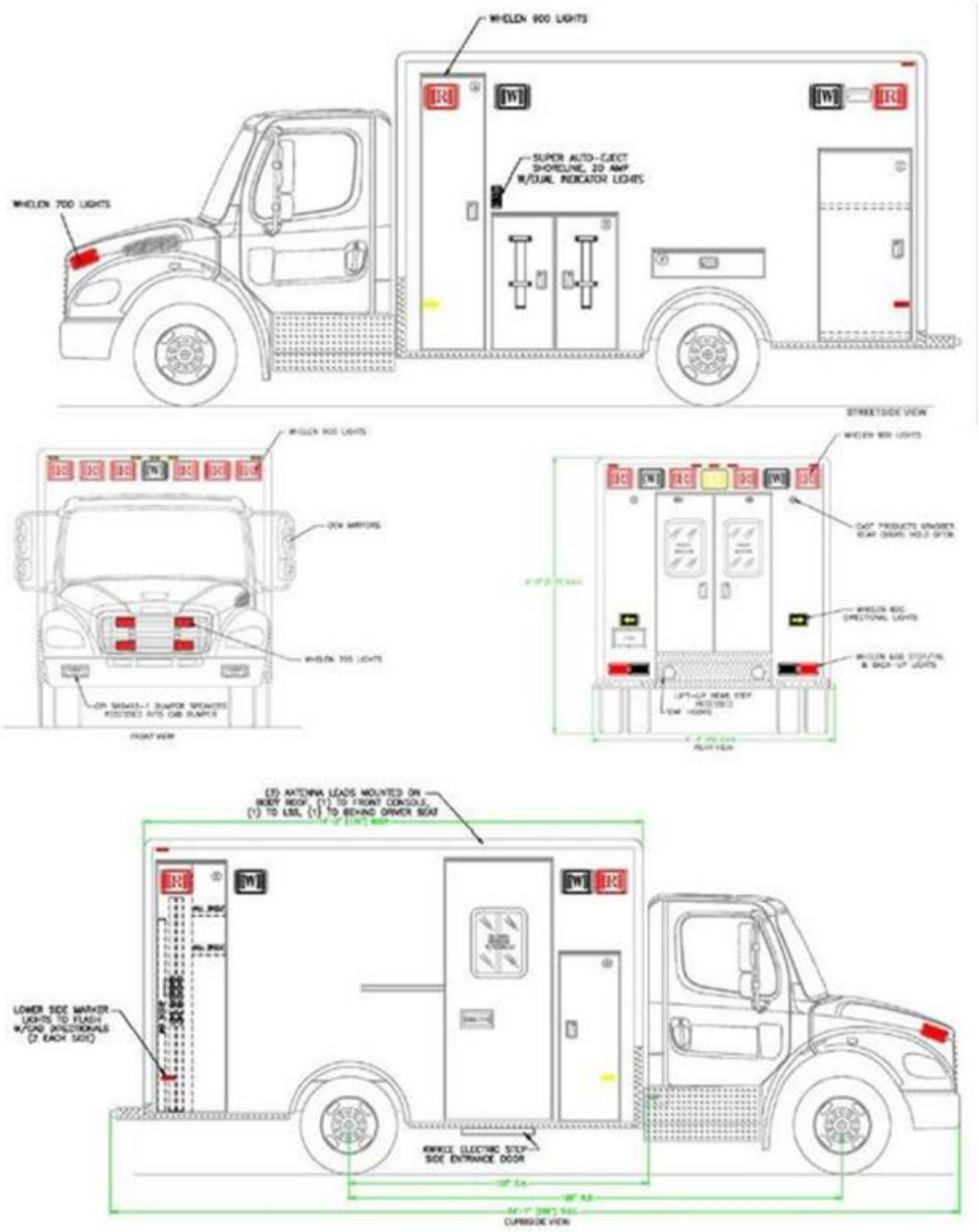
OBSTETRICAL (OB STERILE KIT)		
Towels: YES NO	4x4 Dressing: YES NO	Umbilical Cord Clamp: YES NO
Scalpel : YES NO	Scissors: YES NO	Bulb Syringe: YES NO
Sterile Gloves: YES NO	Blankets: YES NO	Silver Swadler : YES NO
Stocking Cap: YES NO	Brazlow Tape: YES NO	Chuck Pads : YES NO

CARDIAC MONITOR -DEFIBRILLATOR		
Life Pack: Model: _____ #_____ ED: _____		
Correct Time: YES NO	Correct Date: YES NO	Recording Paper: YES NO
AED Capability: YES NO	External Pacemaker : YES NO	Defibrillation Capability : YES NO
Defibrillation rage 5-360 Joules: YES NO	Operation Self Test : YES NO	EKG 12 lead, 4 lead Capability: YES NO
CO2 Monitor: YES NO	Auto BP : YES NO	Pulse O2 reader : YES NO
EKG Electrode Pads: YES NO	External Pacer Pads: YES NO	Pediatric Pads: YES NO
Adult Pads : YES NO	Extra Battery on board: YES NO	Battery Charger on board: YES NO
Spare Recording Paper : YES NO		

DRESSING/BANDAGE		
Triangular: YES NO	Kerlex: YES NO	Roller: YES NO
Sterile Dressing 4x4: YES NO	Sterile Dressing 2x2: YES NO	Non-Sterile Dressing 4x4: YES NO
Non-Sterile Dressing 2x2: YES NO	Large trauma dressing 10x30: YES NO	Small trauma dressing (ABD pads) 8x10: YES NO
Burn Sheets: YES NO	Water Gel Dressing: YES NO	Tape: YES NO

MISCELLANEOUS		
Blankets: Wool: YES NO Cotton: YES NO Thermal : YES NO Other:	Clean Linen: Pillow : YES NO Pillow Case: YES NO Sheet : YES NO	
Metta Triage Tags: YES NO	Tarts: YES NO	Hot Packs: YES NO
Ice Packs: YES NO	Portable Sharps Container: YES NO	Waterless Hand Cleaner: YES NO
HEPA Mask: YES NO	Non-Sterile Surgical Mask: YES NO	Disposable Gown: YES NO
Non-Sterile Gloves: YES NO	Emesis Basin : YES NO	Bed Pan: YES NO
Rechargeable Flashlight: YES NO	Flashlight : YES NO	Spare Batteries: YES NO
Towels: YES NO		

Put an X over area of concern/problem



Remarks and Comments:_____

Inspection Findings
☐ Ambulance Certified to Operate (No Deficiencies)
☐ Ambulance Certified to Operate (With Deficiencies)
☐ Ambulance Ordered Out-Of-Service

Reason for Placing Ambulance out-of-service:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CITATION OF LAW: THIS INSPECTION HAS BEEN CONDUCTED PURSUANT TO THE STATE OF COLORADO CHAPTER 2 RULES – SAN LUIS VALLEY RETAC CODE

I _____, have been provided a copy of this inspection report and understand the basis of this report. I also understand that under the State of Colorado EMS Chapter 2 rules and the SLV RETAC recommends all of the above (if any) deficiencies be corrected.

I will provide (if needed) a written notification of corrections by: _____, 20_____; before requesting to have the ambulance reinspected.

I _____, _____ of the _____Ambulance agency approve to the above inspection report.

Signature of Agency Representative: _____**Date:** _____

I _____, have inspected the above-named Ambulance Provider and the vehicle and equipment at the time and date shown above and found each item as shown within this report.

Signature of SLV RETAC Representative: _____**Date:** _____