



Government of the District of Columbia – Department of Health
Ground Ambulance Inspection



Inspection Date: _____ Time of Inspection: _____

Organization: _____ Unit # _____ Serial # _____

License Plate Number: _____ District Maryland Virginia Other _____

Vehicle Certification Expiration Date: _____ Level of Service: BLS ALS Reserve

Vehicle Identification Number: _____ DOH Permit #: _____

Type of Inspection: Certification Renewal New Certification Unannounced

Location of Inspection: _____

Crew

Name: _____ DC # _____ Exp _____ CPR _____ ACLS _____

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Results: Pass Fail Unit Decertified **DO NOT OPERATE UNTIL REPAIRED AND REINSPECTED**

Corrective Action Due By: _____ Recommend Unit Not Used Until Corrections Made

Crew Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Inspector Name: _____ Signature: _____ Date: _____

Basic & Advanced Life Support Ambulances

All Ambulances	
Ventilation and Airway Equipment	Bandages/Hemorrhage Control
<input type="checkbox"/> Portable suction apparatus with a regulator	<input type="checkbox"/> Sterile burn sheets
<input type="checkbox"/> Fixed suction apparatus with a regulator	<input type="checkbox"/> Triangular bandages
<input type="checkbox"/> Wide-bore tubing	<input type="checkbox"/> Multi-trauma dressings, ABDs, 10"x12" or larger
<input type="checkbox"/> Rigid pharyngeal curved suction tip	<input type="checkbox"/> 4x4-inch gauze sponges
Flexible suction catheter	Gauze rolls, various sizes
<input type="checkbox"/> 6F to 10F <input type="checkbox"/> 12F to 16F	<input type="checkbox"/> 2-inch <input type="checkbox"/> 3-inch <input type="checkbox"/> 4-inch or other
<input type="checkbox"/> Portable oxygen tanks, capable of metered flow (2)	<input type="checkbox"/> Occlusive dressing, sterile, 3x8-inch or larger
<input type="checkbox"/> Portable oxygen supply equipment with regulator	<input type="checkbox"/> Hypoallergenic adhesive tape <input type="checkbox"/> 1" <input type="checkbox"/> 2"
<input type="checkbox"/> Fixed oxygen supply equipment with regulator	<input type="checkbox"/> Arterial tourniquet (commercial preferred)
Oxygen administration equipment	Obstetrical Kit
<input type="checkbox"/> Adequate length connecting tubing	<input type="checkbox"/> Thermal absorbent blanket
Transparent mask, non-rebreathing <input type="checkbox"/> Adult <input type="checkbox"/> Peds	<input type="checkbox"/> OB Kit - Towels, 4"x4" dressing, umbilical tape, sterile scissors, bulb suction, clamps, sterile gloves, blanket
Transparent mask, valveless <input type="checkbox"/> Adult <input type="checkbox"/> Peds	
Nasal cannulas <input type="checkbox"/> Adult <input type="checkbox"/> Peds	<input type="checkbox"/> Head cover

Bag-Valve-Mask	Miscellaneous
<input type="checkbox"/> Bag-valve mask (manual resuscitator) hand-operated, with oxygen reservoir/accumulator	<input type="checkbox"/> Access to pediatric & adult patient care protocols (paper/electronic)
<input type="checkbox"/> Adult B-V-M (>1000 ml)	BP Cuff <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult Regular <input type="checkbox"/> Adult Large
<input type="checkbox"/> Child B-V-M (450–750 ml)	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Infant B-V-M (150 ml)	<input type="checkbox"/> Length/weight or age-based tape or reference guide
Mask, <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Neonate	<input type="checkbox"/> Thermometer with low temperature capability
<input type="checkbox"/> Nasopharyngeal airways, 16F–34F	<input type="checkbox"/> Heavy bandage or paramedic scissors
<input type="checkbox"/> Oropharyngeal airways, sizes 0–5	<input type="checkbox"/> Cold packs
<input type="checkbox"/> Pulse oximeter	<input type="checkbox"/> Emergency warning lights with 360° visibility
<input type="checkbox"/> Adult probe <input type="checkbox"/> Pediatric probe	<input type="checkbox"/> Audible warning device
Monitoring and Defibrillation	<input type="checkbox"/> Two-way communication device
<input type="checkbox"/> Automated External Defibrillator (AED)	<input type="checkbox"/> Flashlights, functioning (2)
<input type="checkbox"/> Adult sized pads/cables	<input type="checkbox"/> Blankets
<input type="checkbox"/> Child sized pads/cables or dose attenuator	<input type="checkbox"/> Sheets, linen or paper (1 change per cot)
Immobilization Devices	<input type="checkbox"/> Towels
<input type="checkbox"/> Rigid cervical collars, adjustable, or	<input type="checkbox"/> Triage tags
<input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Disposable emesis bags or basins
<input type="checkbox"/> Head immobilization device	<input type="checkbox"/> Disposable urinal
Upper extremity immob devices <input type="checkbox"/> Adults <input type="checkbox"/> Peds	<input type="checkbox"/> Wheeled cot (stretcher)
Lower extremity immob devices <input type="checkbox"/> Adults <input type="checkbox"/> Peds	<input type="checkbox"/> Stair chair or carry chair
<input type="checkbox"/> Impervious backboard, long (1)	<input type="checkbox"/> Lubricating jelly (water soluble)
<input type="checkbox"/> Impervious backboard, short	<input type="checkbox"/> Patient care charts/forms (or electronic capability)
Infection Control (Latex Free Should Be Available)	Injury Prevention
<input type="checkbox"/> Full peripheral glasses or goggles, face shield	<input type="checkbox"/> Restraint devices for all individuals in the ambulance
<input type="checkbox"/> Face protection, surgical masks	<input type="checkbox"/> Protective helmet
<input type="checkbox"/> Gloves, non-sterile	<input type="checkbox"/> Fire extinguisher, charged
<input type="checkbox"/> Coveralls or gowns, fluid resistant	<input type="checkbox"/> DOT Emergency Response Guidebook
<input type="checkbox"/> Waterless hand cleanser	<input type="checkbox"/> Reflective safety wear for each crewmember
<input type="checkbox"/> Disinfectant solution for cleaning equipment	<input type="checkbox"/> Reflective triangles or other nonigniting devices
Standard sharps containers <input type="checkbox"/> Fixed <input type="checkbox"/> Portable	Interior in sanitary condition <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Disposable trash bags for biohazardous waste	
<input type="checkbox"/> Respiratory protection, N95 or N100 mask	
Comments	



If Basic Life Support Ambulance

STOP Inspection Here



Advanced Life Support Ambulance Inspection Continues Below

All items included in the Basic Life Support Checklist are required in Advanced Life Support Ambulances

ALS Ambulances Only		
Airway and Ventilation Equipment	Medications	Exp Date
<input type="checkbox"/> Laryngoscope handle with extra batteries and bulbs	<input type="checkbox"/> 1:1,000 epinephrine	
<input type="checkbox"/> Laryngoscope blades, sizes 0–4, straight (Miller)	<input type="checkbox"/> 1:10,000 epinephrine	
<input type="checkbox"/> Laryngoscope blades, sizes 2–4, curved (MacIntosh)	<input type="checkbox"/> 50% dextrose solution	
<input type="checkbox"/> Endotracheal tubes, cuffed and/or uncuffed	<input type="checkbox"/> Albuterol (or other inhaled beta agonist)	
<input type="checkbox"/> 2.5 mm <input type="checkbox"/> 3.0 mm <input type="checkbox"/> 3.5 mm <input type="checkbox"/> 4.0 mm	<input type="checkbox"/> Analgesics, narcotic and nonnarcotic	
<input type="checkbox"/> 4.5 mm <input type="checkbox"/> 5.0 mm <input type="checkbox"/> 5.5 mm	<input type="checkbox"/> Antidysrhythmics (ie lidocaine)	
<input type="checkbox"/> Endotracheal tubes, cuffed	<input type="checkbox"/> Antiepileptic medications (ie diazepam)	
<input type="checkbox"/> 6.0 mm <input type="checkbox"/> 6.5 mm <input type="checkbox"/> 7.0 mm	<input type="checkbox"/> Aspirin	
<input type="checkbox"/> 7.5 mm <input type="checkbox"/> 8.0 mm	<input type="checkbox"/> Atropine	
<input type="checkbox"/> Rescue airway device (laryngeal mask, combitube)	<input type="checkbox"/> Bacteriostatic water	
<input type="checkbox"/> 10-mL non-Luerlock syringes	<input type="checkbox"/> Beta-blockers	
Stylettes for ET tubes <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	<input type="checkbox"/> Calcium channel blockers	
Magill (Rovenstein) forceps <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	<input type="checkbox"/> Calcium chloride	
End-tidal CO2 detection capability	<input type="checkbox"/> Furosemide (Lasix)	
<input type="checkbox"/> Colorimetric (adult and pediatric) OR	<input type="checkbox"/> Glucagon	
<input type="checkbox"/> Quantitative capnometry	<input type="checkbox"/> Ipratropium bromide	
Vascular Access	<input type="checkbox"/> Magnesium sulfate	
<input type="checkbox"/> Crystalloid solutions	<input type="checkbox"/> Naloxone hydrochloride (Narcan)	
<input type="checkbox"/> Antiseptic solution wipes	<input type="checkbox"/> Nitroglycerin (tablets or spray)	
<input type="checkbox"/> IV pole or roof hook	<input type="checkbox"/> Sodium bicarbonate	
Intravenous catheters	<input type="checkbox"/> Sodium chloride for injection	
<input type="checkbox"/> 14G <input type="checkbox"/> 16G <input type="checkbox"/> 18G <input type="checkbox"/> 20G <input type="checkbox"/> 22G <input type="checkbox"/> 24G	<input type="checkbox"/> Sterile diluent or 25% dextrose solution	
Intraosseous needles or devices <input type="checkbox"/> Adults <input type="checkbox"/> Pediatric	<input type="checkbox"/> Vasopressor for infusion (ie dopamine)	
<input type="checkbox"/> Venous tourniquet, latex free		
<input type="checkbox"/> Syringes of various sizes		
<input type="checkbox"/> Needles, various sizes		
<input type="checkbox"/> Needles, one at least 1 ½" for IM injections		
IV administration sets <input type="checkbox"/> Microdrip <input type="checkbox"/> Macro drip		
Intravenous arm boards <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	Other Advanced Equipment	
Cardiac	<input type="checkbox"/> Nebulizer	
<input type="checkbox"/> Portable, battery-operated monitor/defibrillator	<input type="checkbox"/> Glucometer or blood glucose device with reagent strips	
<input type="checkbox"/> External pacemaker with pediatric pads & cables	<input type="checkbox"/> Large bore needle at least 3.25" in length	
Comments		

Deficiencies Noted During Inspection	Date Corrected

Health and Safety Concerns

Concerns: _____

Reference (Legislation, Regulation, Policy) _____
