

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Emergency Medical Services and Highway Safety
AMBULANCE INSPECTION FORM

PROVIDER NAME _____ LICENSE # _____ Region _____ Provider Number _____ Vehicle _____

VEHICLE ADDRESS _____ VIN# _____

BLS B/D ILS ALS LOCAL I.D. _____ EMS SYSTEM # _____ MERCI UNIT I.D. _____

INITIAL ANNUAL REINSPECTION 3rd PARTY COMPLAINT OTHER (SEE COMMENTS SECTION) COMMENT SHEET ATTACHED

ISSUE LICENSE REINSPECTION REQUIRED (NON-LIFE THREATENING EQUIPMENT PROBLEMS) ADVISORY: DO NOT OPERATE UNTIL REPAIRED AND REINSPECTED

LEGAL ACTION REQUIRED; A CONDITION HAS BEEN IDENTIFIED THAT COULD RESULT IN HARM TO THE PUBLIC. THIS VEHICLE SHOULD BE REMOVED FROM SERVICE UNTIL ALL CORRECTIONS ARE MADE, AND THE VEHICLE IS REINSPECTED AND APPROVED (SEE INSPECTION COMMENT FORM).

- | | | |
|--|--|---|
| <p>[1] WHEELED MULTI-LEVEL COT W/3 SETS OF STRAPS + OVER-SHOULDER STRAPS</p> <p>[2] 3-POINT FASTENER FOR COT</p> <p>[3] COT FITS SECURELY IN FASTENER</p> <p>[4] SECONDARY STRETCHER W/ 3 SETS OF STRAPS</p> <p>ON-BOARD OXYGEN EQUIPMENT</p> <p>[5] CYLINDER IS NOT EMPTY</p> <p>[6] DELIVERY TUBES</p> <p>[7] 1 EACH A,C,I MASKS</p> <p>[8] 3 EACH NASAL CANNULA</p> <p>PORTABLE OXYGEN EQUIPMENT</p> <p>[9] FULL PRIMARY CYLINDER
MINIMUM SIZE = "D"</p> <p>[10] DIAL FLOWMETER/REGULATOR
FOR 15 lpm</p> <p>[11] DELIVERY TUBES</p> <p>[12] 1 EACH A,C,I MASKS</p> <p>[13] FULL, SPARE CYLINDER</p> <p>[14] QUICK RELEASE, CRASH-STABLE,
MOUNTING BRACKET FOR CYLINDERS
OR</p> <p>[15] QUICK RELEASE MOUNTING BRACKET IF STORED IN A SECURE COMPARTMENT</p> <p>ON-BOARD SUCTION EQUIPMENT</p> <p>[16] OBTAINS 300mm WITHIN 4 SECONDS OF CLAMPING TUBING</p> <p>[17] HAS 10' TRANSPARENT NON-KINKING TUBING / 1/4" INSIDE DIAMETER</p> <p>[18] CAN ADJUST VACUUM LEVELS</p> <p>[19] COLLECTION BOTTLE HOLDS 1000ml</p> <p>[20] 3 STERILE, SINGLE-USE CATHETERS,
ONE EACH SIZE:
S/6-8F - M/10-12F - L14-18F</p> <p>[21] 3 STERILE, SEMI-RIGID PHARYNGEAL SUCTION TIPS</p> <p>PORTABLE SUCTION EQUIPMENT</p> <p>[22] OBTAINS 300mm WITHIN 4 SECONDS OF CLAMPING TUBING</p> <p>[23] TUBING IS TRANSLUCENT, NON-KINKING OR COLLAPSING</p> <p>[24] TUBING IS 1/4" INSIDE DIAMETER</p> <p>[25] 3 STERILE, SINGLE-USE CATHETERS,
ONE EACH SIZE:
S/6-8F - M/10-12F - L14-18F</p> <p>[26] 3 STERILE, SEMI-RIGID PHARYNGEAL SUCTION TIPS</p> | <p>[27] GAS POWERED PORTABLE UNIT MEETS ABOVE REQUIREMENTS</p> <p>[28] CAPABLE OF CHARGING FROM VEHICLE 12 VOLT SYSTEM AND 115 VOLT AC</p> <p>[29] OPERATES FROM INTERNAL RECHARGEABLE BATTERY SUPPLY</p> <p>[30] OPERATES FOR 20 CONTINUOUS MINUTES (PERFORM IF BATTERY SOUNDS WEAK) <u>or</u></p> <p>[31] MANUALLY OPERATED SUCTION DEVICE (IDPH APPROVED)</p> <p>MEDICAL EQUIPMENT</p> <p>[32] ADULT SQUEEZE BAG-VALVE-MASK WITH ADULT AND CHILD MASKS</p> <p>[33] CHILD SQUEEZE BAG-VALVE-MASK WITH CHILD AND INFANT MASKS</p> <p>[34] TRACTION SPLINT, ADULT</p> <p>[35] TRACTION SPLINT, PEDIATRIC</p> <p>[36] ADULT BLOOD PRESSURE CUFF/GAUGE</p> <p>[37] CHILD BLOOD PRESSURE CUFF/GAUGE</p> <p>[38] INFANT BLOOD PRESSURE CUFF/GAUGE</p> <p>[39] STETHOSCOPE (2)</p> <p>[40] LONG SPINE BOARD (ADULT) WITH 3 SETS OF STRAPS</p> <p>[41] SHORT SPINE BOARD (32" x 16" MIN) W/2 9' STRAPS OR VEST TYPE (WRAP AROUND) DEVICE (OPTIONAL)</p> <p>[42] AIRWAY, OROPHARYNGEAL, A,C,I</p> <p>[43] AIRWAY, NASOPHARYNGEAL WITH LUBRICATION, SIZES 12-30F</p> <p>[44] BANDAGE SHEARS, 1</p> <p>[45] EXTREMITY SPLINTS, ADULT, TWO EACH LONG AND SHORT</p> <p>[46] EXTREMITY SPLINTS, PEDIATRIC, TWO EACH LONG AND SHORT</p> <p>RIGID CERVICAL COLLARS, ONE EACH:</p> <p>[47] PEDIATRIC</p> <p>[48] SMALL</p> <p>[49] MEDIUM</p> <p>[50] LARGE</p> <p>[51] RESTRAINTS, ARM AND LEG</p> <p>MEDICAL SUPPLIES</p> <p>[52] TRAUMA DRESSINGS, 6</p> <p>[53] STERILE GAUZE PADS, 4"x 4", 20 EACH</p> <p>[54] BANDAGES, SOFT, ROLLER, SELF ADHERING, 4" x 5 YD, 10 EACH</p> <p>[55] VASELINE GAUZE, 3" x 8", 2 EACH</p> | <p>[56] ADHESIVE TAPE ROLLS, 2 EACH</p> <p>[57] TRIANGULAR BANDAGES OR SLINGS, 5 EACH</p> <p>[58] BURN SHEETS, CLEAN INDIVIDUALLY WRAPPED, 2 EACH</p> <p>[59] STERILE SOLUTION, 2,000cc, PLASTIC BOTTLES OR BAGS</p> <p>[60] ALUMINUM FOIL OR SILVER SWADDLER, 1 EACH WITH HEAD COVER</p> <p>[61] OBSTETRICAL KIT, STERILE, 1 EACH</p> <p>[62] COLD PACKS, 3 EACH</p> <p>[63] EMESIS BASIN, 1 EACH</p> <p>[64] DRINKING WATER, 1 QUART, STERILE WATER MAY SUBSTITUTE</p> <p>[65] AMBULANCE EMERGENCY RUN REPORTS, 10 EACH, WITH DATA AS OUTLINED IN 515.APPENDIX E</p> <p>[66] PILLOWS, 2 EACH</p> <p>[67] PILLOWCASES, 2 EACH</p> <p>[68] SHEETS, 2 EACH</p> <p>[69] BLANKETS, 2 EACH</p> <p>[70] CPR MASK WITH SAFETY VALVE, 1 EACH</p> <p>[71] URINAL, 1 EACH</p> <p>[72] BEDPAN, 1 EACH</p> <p>[73] NONPOROUS DISPOSABLE GLOVES</p> <p>[74] IMPERMEABLE RED BIOHAZARD-LABELED ISOLATION BAG</p> <p>[75] FACE PROTECTION, MASKS/EYE PROTECTION AND/OR FIELD SHIELDS</p> <p>[76] CHILD/INFANT CAR SEAT</p> <p>[77] EQUIPMENT/DRUG DOSAGE SIZING TAPE OR</p> <p>[78] PEDIATRIC EQUIPMENT/DRUG AGE/WEIGHT CHART</p> <p>[79] PEDIATRIC TRAUMA SCORE REFERENCE</p> <p>[80] POISON CONTROL PHONE NUMBER</p> <p>[81] PLASTIC BABY BOTTLE W/NIPPLE</p> <p>[82] FLASHLIGHT, 1 EACH, BATTERY OPERATED</p> <p>[83] AMBULANCE TO HOSPITAL RADIO TESTED AND WORKING</p> <p>EXTRICATION EQUIPMENT</p> <p>[84] WRECKING BAR, 24", 1 EACH</p> <p>[85] GOGGLES</p> <p>[86] FIRE EXTINGUISHERS, 2 - 5lb ABC</p> <p>GENERAL OBSERVATIONS</p> <p>[87] PATIENT AREA IS CLEAN</p> <p>[88] EQUIPMENT IS SECURED IN PATIENT AREA</p> |
|--|--|---|

COMMENTS:

As owner/representative, I agree to provide ambulance service in compliance with the Emergency Medical Services Act rules and regulations, 24 hours a day, every day of the year. I agree to provide emergency service within my service area on a per need basis without regard to the patient's ability to pay.

I hereby certify I have inspected this vehicle, that it meets all federal specifications, contains all the supplies and equipment listed on the IDPH inspection form and that the equipment and vehicle is in working order.

PRE-HOSPITAL CARE PROVIDER/OWNER OR REPRESENTATIVE SIGNATURE /TITLE _____

ILLINOIS DEPT. OF PUBLIC HEALTH REPRESENTATIVE SIGNATURE/ TITLE _____

EMS SYSTEM REPRESENTATIVE SIGNATURE/TITLE _____

INSPECTION DATE _____ / _____ / _____

Copy distribution: white/yellow - IDPH
pink - EMS system
goldenrod - provider