CHECKLIST OF EMERGENCY VEHICLE / EQUIPMENT

State Form 51816 (R2 / 4-06)
INDIANA DEPARTMENT OF HOMELAND SECURITY

OPERATOR / VEHICLE INFORMATION

Name of provider					Provider certification number
Vehicle certification number	Vehicle identification number (VIN)				Date (*month, day, year*)
Year / Make	Conversion	Mileage	☐ New ☐ Renewal ☐ Replacement		License plate number
Provider type: ☐ Transport ☐ Non-transport	Level: ☐ Basic ☐ EMT Basic-Adv. ☐ Intermediate ☐ Paramedic				Word AMBULANCE displayed on vehicle: ☐ Yes ☐ No
Vehicle type: ☐ I ☐ II ☐ III ☐ Other: _____	Certificate displayed inside vehicle: ☐ Yes ☐ No				Certification number on vehicle: ☐ Right front ☐ Left front ☐ Rear door

PHYSICAL CHARACTERISTICS

Vehicle width	Vehicle height	Patient compartment: bulkhead to litter	Litter to door	Total length	Width	Aisle	Height

Tire tread depth: LF: _____ / 32 RF: _____ / 32 LR: _____ / 32 RR: _____ / 32

Communication: ☐ IHERN ☐ Dispatch / tactical ☐ UHF

List any damage

ENGINE, BRAKES, STEERING, ELECTRICAL

Exhaust system intact	☐ Yes	☐ No	Parking brake	☐ Yes	☐ No
Dual batteries	☐ Yes	☐ No	Battery switching system	☐ Yes	☐ No
Driver compartment lighting	☐ Yes	☐ No	Patient compartment lighting	☐ Yes	☐ No
Patient compartment lighting controlled by rear doors and head of litter	☐ Yes	☐ No	Audible backup warning device	☐ Yes	☐ No
			Body mounted rear light, activated by rear door	☐ Yes	☐ No

VEHICLE EXTERIOR / INTERIOR

Door seals and vents	☐ Yes	☐ No	Heating, patient compartment	☐ Yes	☐ No
Wheels and rims	☐ Yes	☐ No	Air conditioning, driver compartment	☐ Yes	☐ No
Holding device, rear door	☐ Yes	☐ No	Air conditioning, patient compartment	☐ Yes	☐ No
Mirrors, right and left	☐ Yes	☐ No	Windows intact	☐ Yes	☐ No
Litter fasteners and restraint	☐ Yes	☐ No	Appropriate wiring	☐ Yes	☐ No
Seats and safety belts	☐ Yes	☐ No	Sirens conform to Indiana state law	☐ Yes	☐ No
Holding device, curbside door	☐ Yes	☐ No	Warning lights conform to Indiana state law	☐ Yes	☐ No
Heating, driver compartment	☐ Yes	☐ No	Flooring (flat, one piece vinyl or urethane quartz)	☐ Yes	☐ No

RESCUE EQUIPMENT

Fire extinguisher, one (1) 4A;4-B;C, or two (2) 2A;4-B;C, mounted and accessible	☐ Yes	☐ No	One (1) wrecking bar, 24 inch combination tool min.	☐ Yes	☐ No
One (1) hammer, 4 pound with 15 inch handle	☐ Yes	☐ No	One (1) self-contained portable light source	☐ Yes	☐ No

RESPIRATORY / RESUSCITATION

Portable suction apparatus - rigid & soft tips	☐ Yes	☐ No	Pocket mask with one-way valve	☐ Yes	☐ No
On-board suction - rigid & soft tips	☐ Yes	☐ No	Portable oxygen equipment 300 liter with yoke, medical regulator, pressure gauge, nondependent flowmeter	☐ Yes	☐ No
Bag-mask ventilation units, one (1) each: adult, child, infant, and neonatal mask only	☐ Yes	☐ No	On-board oxygen equipment 3,000 liter with yoke, medical regulator, pressure gauge, nondependent flowmeter	☐ Yes	☐ No
Oropharyngeal airway, two (2) each: adult, child, infant	☐ Yes	☐ No			
Nasopharyngeal airway, two (2) each: small medium, large	☐ Yes	☐ No	Bulb syringe, individually packaged	☐ Yes	☐ No
Oxygen delivery devices: high concentration devices	☐ Yes	☐ No	Non-visualized airway, two (2) with soluble lubricant	☐ Yes	☐ No
Oxygen delivery devices: low concentration devices	☐ Yes	☐ No			

WOUND CARE SUPPLIES

Multiple trauma dressings, two (2), approx. 10" x 36"	☐ Yes	☐ No	Adhesive tape, two (2) rolls	☐ Yes	☐ No
Sterile gauze pads, 3" x 3" or larger, fifty (50)	☐ Yes	☐ No	Burn sheets, two (2) sterile	☐ Yes	☐ No
Bandages, soft roller, self-adhering, 4, min. 2" x 4 yards	☐ Yes	☐ No	Triangular bandages, four (4) minimum	☐ Yes	☐ No
Airtight dressings, four (4) minimum	☐ Yes	☐ No	Bandage shears, one (1) pair	☐ Yes	☐ No

PERSONAL PROTECTION / UNIVERSAL PRECAUTIONS

Gowns	☐ Yes	☐ No	Biohazard bags	☐ Yes	☐ No
Face masks and shields	☐ Yes	☐ No	Antimicrobial hand cleaner	☐ Yes	☐ No
Gloves	☐ Yes	☐ No			

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Certification number

PATIENT STABILIZATION EQUIPMENT					
Traction splint with all accessories	☐ Yes	☐ No	Long back board with accessories, one (1)	☐ Yes	☐ No
Splinting device, one (1) unit - immobilization of head, neck, and torso with all required accessories	☐ Yes	☐ No	Rigid extrication collar, two (2) each in sizes: pediatric, small, medium, large	☐ Yes	☐ No
Upper & lower splinting device, two (2) each	☐ Yes	☐ No	Litter with side rails, mattress pad, three (3) restraints	☐ Yes	☐ No
MISCELLANEOUS ITEMS					
Obstetrical kit, one (1), sterile	☐ Yes	☐ No	Stethoscopes, one (1) each in sizes: adult, pediatric	☐ Yes	☐ No
Clean linens - pillow, pillow case, sheets, blankets	☐ Yes	☐ No	One (1) sharps collector (7" in height)	☐ Yes	☐ No
Blood pressure manometer, one (1) each in cuff sizes: large adult, adult, pediatric	☐ Yes	☐ No	Basic life support protocols on board	☐ Yes	☐ No
EMT BASIC - ADVANCED SUPPLIES					
IV fluids & administration supplies approved by MD	☐ Yes	☐ No	List of IV fluids and administration sets, quantities	☐ Yes	☐ No
Advanced life support protocols on board	☐ Yes	☐ No			
INTERMEDIATE - PARAMEDIC SUPPLIES					
Tracheal suction catheters - sizes 10, 14, 18	☐ Yes	☐ No	Advanced life support protocols on board	☐ Yes	☐ No
Endotracheal intubation devices including: laryngoscope with extra batteries & bulbs; blades, adult & pediatric, curved & straight; tubes, two (2) each, sizes 3-9	☐ Yes	☐ No	List of medications, including quantities and concentrations approved by medical director	☐ Yes	☐ No
			Narcotics in double locked box.	☐ Yes	☐ No
IV fluids, medication, and administration supplies	☐ Yes	☐ No			

MEDICATIONS / BLS IF APPROVED BY MEDICAL DIRECTOR

DEFIBRILLATION SUPPLIES					
Monitor defibrillator ☐ Manual ☐ Semi-automatic ☐ Automatic	Make		Model		
Pads, adult	☐ Yes	☐ No	Paddles, adult	☐ Yes	☐ No
Pads, pediatric (intermediate - paramedic only)	☐ Yes	☐ No	Paddles, pediatric (intermediate - paramedic only)	☐ Yes	☐ No

INSPECTION STATUS

Send written verification to District Manager within ten (10) days of this inspection _____ ☐ Vehicle not to be used until re-inspected.

COMMENTS

Signature of provider representative	Title	Date (*month, day, year*)
Signature of EMS Commission representative		Date (*month, day, year*)