



TENNESSEE DEPARTMENT OF HEALTH  
 DIVISION OF HEALTH LICENSURE AND REGULATION  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
 665 MAINSTREAM DRIVE, 2<sup>ND</sup> FLOOR  
 NASHVILLE, TN 37243  
 TELEPHONE: 615-741-2584

**AMBULANCE INSPECTION**

Service \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Year of Mfg. \_\_\_\_\_ Make/Mfg. \_\_\_\_\_ Unit I.D. No. \_\_\_\_\_ License Tag \_\_\_\_\_  
 V.I.N. \_\_\_\_\_ Odometer Reading \_\_\_\_\_ Control # \_\_\_\_\_

**Inspection Rating**

- Pass
- Pass with Warning
- Conditional
- Failed
- Failed/Temporarily Rmv'd from Srvc
- Failed/Removed from Service
- Re-Inspection

**Vehicle Category**

- Advanced Life Support
- Basic Life Support
- Off Line

**Type of Unit**

- Type I
- Type II
- Type III
  
- Current
- New Vehicle
- Refurbished Vehicle

Service Director Signature \_\_\_\_\_ Inspector's Signature \_\_\_\_\_  
(required only if inspection failed)

\*\*\* Note: Essential Items Italicized \*\*\*

**DS DRIVING SYSTEMS**

- |   | A                        | U                        |                         |
|---|--------------------------|--------------------------|-------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Brake System            |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Engine System           |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Exhaust System          |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Fuel System             |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Steering System         |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Suspension              |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Transmission & Selector |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Windshield wiper/washer |

**VE VEHICLE EXTERIOR**

- |   | A                        | U                        |   |
|---|--------------------------|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness - exterior (check compartments) |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Body rust free                              |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Damage free                                 |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Door latches operable                       |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Rearview mirrors (damage-free/stable)       |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Tires/Wheels F. _____ R. _____              |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Window Glazing                              |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Windshield Glazing                          |

**CC TELECOMMUNICATION**

- |   | A                        | U                        | NA                       |  |
|---|--------------------------|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P.A./Radio Amp.                                    |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver console control<br>Dispatch T _____ R _____ |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patient console control T _____ R _____            |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VHF High Band _____                                |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UHF Med Channels _____                             |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cellular telephone                                 |

**VS VEHICLE SAFETY EQUIPMENT**

- |   | A                        | U                        |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Fire Extinguishers (2) (5 lb.)</i>  |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <i>Reflective warning devices (3)</i>  |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Flashlight, (4.5 v, 3 cell or lantern type) (2 ea.)<br>(1) driver compartment<br>(1) pt. compartment |

**EL ELECTRICAL AND LIGHTING**

- |    | <b>A</b>                 | <b>U</b>                 |   |                               |                               |                             |
|----|--------------------------|--------------------------|---|-------------------------------|-------------------------------|-----------------------------|
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | Siren amplifier/speakers                        |                               |                               |                             |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | Horn  |                               |                               |                             |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | Spotlight(s) (if present, must be functional)   |                               |                               |                             |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | Heating/Air Conditioning                        |                               |                               |                             |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | Headlights                                      |                               |                               |                             |
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | Parking lights                                  |                               |                               |                             |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | Turn Signals                                    |                               |                               |                             |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | Foglights/Accessory lights                      |                               |                               |                             |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | Marker lights                                   |                               |                               |                             |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Side flood lights                               |                               |                               |                             |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Brake lights                                    |                               |                               |                             |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Backup lights/alarm                             |                               |                               |                             |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Rear loading lights                             |                               |                               |                             |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | 110 volt shoreline                              | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |                             |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | 110 volt outlets                                | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | NA <input type="checkbox"/> |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | 12 volt outlet                                  | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |                             |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Interior dome lights -<br>cabin/pt. compartment |                               |                               |                             |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Front emergency lights                          |                               |                               |                             |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Grill emergency lights                          |                               |                               |                             |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Rear emergency lights                           |                               |                               |                             |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Side emergency lights                           |                               |                               |                             |

**ID IMMOBILIZATION DEVICES**

- |   | <b>A</b>                 | <b>U</b>                 | <b>NA</b> |  |
|---|--------------------------|--------------------------|-----------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> |           | Full body immobilizer (2) w/straps       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |           | Wooden Immobilizers (must be sealed)     |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> |           | Clam-shell immobilizer w/straps, padding |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> |           | Case or carrier                          |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> |           | Head immobilizers [CID] (2 sets)         |
| 5 |                          |                          |           | Cervical Collars (2 sets each size)      |
|   | <input type="checkbox"/> | <input type="checkbox"/> |           | Large Adult                              |
|   | <input type="checkbox"/> | <input type="checkbox"/> |           | Medium Adult                             |
|   | <input type="checkbox"/> | <input type="checkbox"/> |           | Small Adult                              |
|   | <input type="checkbox"/> | <input type="checkbox"/> |           | Pediatric/Infant                         |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> |           | Upper extremity splints (2 sets)         |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> |           | Lower extremity splints (2 sets)         |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> |           | Traction splint w/attachments (2)        |

**VI VEHICLE INTERIOR**

- |   | <b>A</b>                 | <b>U</b>                 |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness (crew cab & pt. compartment) |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Floor                                    |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Headliner                                |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Upholstery                               |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Equipment Restraint                      |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Storage Compartments                     |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Safety Hazards (explain in narrative)    |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Watertight                               |

**OS OXYGEN SYSTEMS**

- |   | <b>A</b>                 | <b>U</b>                 |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Bag/valve resuscitator (Adult 1600 ml) |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Bag/valve resuscitator (Child 450 ml)  |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Adult              |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Child              |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Infant             |

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | Double-lumen airway (PTL, Combitube)  |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | End tidal Carbon Dioxide (CO2) Detectors<br>Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | Connecting tubing (min. 2 ea.)  |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | O <sub>2</sub> mask, Adult non-rebreather (2 ea.)   |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | O <sub>2</sub> mask, Pediatric non-rebreather (2 ea.)   |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | O <sub>2</sub> mask, infant medium concentration (2 ea.)  |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Nasal Cannula, Adult (2 ea.)  |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Oropharyngeal airways (5 sizes)   |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Nasopharyngeal airways (5 sizes)  |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Installed O <sub>2</sub> contents _____ psi Cyl _____   |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Installed cylinder restraint  |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Regulator & Distribution outlets (2 ea.)  |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Installed O <sub>2</sub> Flowmeter Pass <input type="checkbox"/> Fail <input type="checkbox"/>                |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Portable O <sub>2</sub> contents _____ psi Cyl _____  |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Full Portable Spare Cylinder  |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Portable cylinder restraints  |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Portable Regulator & Flowmeter Pass <input type="checkbox"/> Fail <input type="checkbox"/>                    |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Humidifiers (Single patient use) (optional)   |

**SS SUCTION SYSTEMS**

- |   | <b>A</b>                 | <b>U</b>                 |  |   |
|---|--------------------------|--------------------------|--|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Installed Suction,<br>(Pump, gauge and control)                            | Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Collection bottle (1 liter)  |   |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Suction catheters (2 sets ea.) (6, 8,10,14,16 Fr.)                         |   |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Yankauer tips (2 ea.)  |   |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Meconium Aspirator or tubing w/ adapters                                   |   |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Suction tubing (6' long) (2 sets)  |   |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Portable suction unit (500 ml)<br>Collection Bottle (disposable preferred) | Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Suction tubing (2' long) (2 ea.)   |   |

**DE DIAGNOSTIC EQUIPMENT**

- |   | <b>A</b>                 | <b>U</b>                 |   |
|---|--------------------------|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | BP Cuff/manometer, Adult  |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | BP Cuff/manometer, Child  |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | BP Cuff/Large Adult, thigh  |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Stethoscope (personally assigned equipment if<br>service has posted policy)                                 |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Bandage shears (personally assigned equipment<br>if service has posted policy)                              |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Pulse Oximeter w/sensors<br><input type="checkbox"/> Adult probes <input type="checkbox"/> Pediatric probes |

**IC INFECTION CONTROL**

- |    | <b>A</b>                 | <b>U</b>                 |  |
|----|--------------------------|--------------------------|--|
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | Disposable gloves (non-latex)              |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | Gowns                                      |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | Face masks (2 N-95 Approved Standard)      |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | Protective eye/face shield                 |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | Protective footwear/covers                 |
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | Biohazard trash bags 24"x 30" (2 ea.)      |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | Sharps container/locked (installed)        |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | Sharps container/sheath style (portable)   |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | Antiseptic hand cleaner                    |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Hospital-grade disinfectant (EPA approved) |

**BD BANDAGES AND DRESSINGS**

- |   | <b>A</b>                 | <b>U</b>                 |   |
|---|--------------------------|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Adhesive tape (min. 1") (2 rolls)                                   |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Roller bandage, gauze 3 in. wide, (6)                               |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Triangular bandages, 42 in. base (6)                                |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Sterile 4x4 dressings (min. 25)                                     |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | ABD combine dressing (8)  |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Occlusive dressings, 3"x 3" (min. 2)                                |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Burn sheets, sterile or clean, separately packaged 60"x 60" (2 ea.) |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Saline sol. or sterile water, 2,000 ml<br>Exp. _____                |

**OB OBSTETRIC SUPPLIES**

- |   | <b>A</b>                 | <b>U</b>                 |   |
|---|--------------------------|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Obstetrical kit with drape towel or underpad, gauze pads, cord clamps, sterile gloves, bulb syringe, plastic bag and ties |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Receiving blanket with head cover (cloth or non-woven fabric)   |

**PC PATIENT COMFORT ITEMS**

- |   | <b>A</b>                 | <b>U</b>                 |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Bedpan   |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Urinal   |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Emesis basin (2 ea.)                                     |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Tissues  |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Blankets (2 ea.)   |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Sheets (4 ea.)   |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Baby blanket with head cover (cloth or non-woven fabric) |

**IT INTRAVENOUS THERAPY**

- |   | <b>A</b>                 | <b>U</b>                 |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Microdrip set [10-20 gtts] (3 ea.)                                 |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Microdrip set [60 gtts] (3 ea.)                                    |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Antiseptic wipes (12 ea.)  |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Catheters (4 ea.) in sizes 14, 16, 18, 20, 22, 24                  |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Intraosseus needles (min. of 18 ga.)<br>(Req. on ALS units)        |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Venous tourniquet (disposable, non-latex) (2)                      |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Intravenous Sol. (1 liter) or Therapeutic Equiv. _____ Exp _____   |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Crystalloid Solution (2 liters) Therapeutic Equiv. _____ Exp _____ |

**BU MEDS**

- |   | <b>A</b>                 | <b>U</b>                 | <b>NA</b>                |  |
|---|--------------------------|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Epinephrine 1:1,000 (4 doses) Exp _____  |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Syringe or anaphylaxis kit Exp _____   |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B-agonist bronchodilator Therapeutic Equiv. _____ Exp _____<br>inhaler <input type="checkbox"/> nebulizer <input type="checkbox"/> Exp _____ |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Admin. Devices   |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NTG <input type="checkbox"/> spray <input type="checkbox"/> 30 tabs <input type="checkbox"/> Exp _____<br>Therapeutic Equiv. _____ Exp _____ |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aspirin (80 mg.) Exp _____<br>Therapeutic Equiv. _____ Exp _____   |

**CM CARDIAC MONITOR/ DEFIB**

- |   | <b>A</b>                 | <b>U</b>                 | <b>NA</b>                |  |
|---|--------------------------|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Automated External Defib. with defib pads (Staffed BLS unit) |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Monitor/Defib. (360 watts/sec.)                      |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Electrodes (6)   |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric Electrodes (6)                                     |
- Make/Model \_\_\_\_\_  
Biophasic Waveform Min. 10 joule setting  yes  no

COMMENTS FOR BASIC LIFE SUPPORT VEHICLES ONLY

**ADVANCED LIFE SUPPORT UNITS**

**EI ENDOTRACHEAL INTUBATION**

- |    |                          |                          |  |
|----|--------------------------|--------------------------|--|
|    | <b>A</b>                 | <b>U</b>                 |  |
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | Laryngoscope handle w/batteries<br><input type="checkbox"/> Adult <input type="checkbox"/> Pediatric<br>Laryngoscope blades: |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | 0, straight  |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | 1, straight  |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | 2, straight  |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | 2, curved  |
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | 3, straight  |
|    | <input type="checkbox"/> | <input type="checkbox"/> | 3, curved  |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | 4, straight  |
|    | <input type="checkbox"/> | <input type="checkbox"/> | 4, curved  |
|    |                          |                          | Endotracheal Tubes:  |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric sizes 2.5 - 6.0 uncuffed (1 ea., total 8 tubes)  |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | Adult sizes 6.5 - 9.5 cuffed (1 ea., total 7 tubes)  |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | 10 cc syringe, luer tip  |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Sterile lubricant (6 pkgs./ equivalent)  |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Stylet, adult  |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Stylet, pediatric  |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Esophageal detection device  |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Magill forceps, adult  |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Magill forceps, pediatric  |

**ALS MEDICATIONS**

**CARDIOVASCULAR MEDICATIONS**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
|   | <b>A</b>                 | <b>U</b>                 |   |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Adenosine 6 mgm/2 m (total 18mgm) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____   |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Atropine sulfate 1.0 mg/ml (4 syr.) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**BENZODIAZEPINE ANTICONVULSANT**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
|   | <b>A</b>                 | <b>U</b>                 |   |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Diazepam (Valium)<br>10 mg/2 ml (2 syr./vials) or Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**VASOPRESSOR AGENTS**

- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
|   | <b>A</b>                 | <b>U</b>                 |  |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Epinephrine 1:10,000 (4 syr.) or Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**ANTIARRHYTHMIC AGENTS**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
|   | <b>A</b>                 | <b>U</b>                 |   |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Lidocaine 100 mg/5 ml (4 syr.) or Exp. _____<br><input type="checkbox"/> Amiodarone Exp. _____<br>(amp. of 150-300 mg to total 450 mg)<br>Therapeutic Equiv. _____ Exp. _____ |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Lidocaine 4 mg/ml premix (min.1) Exp. _____   |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Magnesium Sulfate Exp. _____<br>(1 gm sufficient to admin. 2 gm doses)  |

- |   |                          |                          |                                 |
|---|--------------------------|--------------------------|---------------------------------|
|   | <b>A</b>                 | <b>U</b>                 |                                 |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Bacteriostatic Water Exp. _____ |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Sodium Chloride Exp. _____      |

**ANALGESICS**

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | <b>A</b>                 | <b>U</b>                 |   |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Morphine sulfate Exp. _____<br>10 mg/ml (min. 1 amp./syr ) or                           |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Meperidine hydrochloride Exp. _____   |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Nalbuphine (Nubain) Exp. _____  |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Butophanol (Stadol) Exp. _____  |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Nitrous Oxide Exp. _____<br>Therapeutic Equiv. _____ Exp. _____                         |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Nitroglycerin 1/150gr. t <input type="checkbox"/> s <input type="checkbox"/> Exp. _____ |

**HYPOGLYCEMIC COUNTERMEASURES**

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | <b>A</b>                 | <b>U</b>                 |   |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Blood Glucose Testing Media   |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Calibration strips Exp. _____   |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Lances  |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Dextrose 50% 25gm/50ml (min. 2syr.) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Dextrose 25% 12.5 gm/50ml (2syr) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____    |

**NARCOTIC ANTAGONIST**

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | <b>A</b>                 | <b>U</b>                 |   |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Narcan 1mg/ml (2 amp./syr.) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**ALKALIZING AGENT**

- |    |                          |                          |  |
|----|--------------------------|--------------------------|--|
|    | <b>A</b>                 | <b>U</b>                 |  |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Sodium Bicarb. 50 meq(min 2 syr) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**SYSTEMIC DIURETICS**

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | <b>A</b>                 | <b>U</b>                 |   |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Lasix (furosemide) Exp. _____<br>to total 80 mg. (amp/vials/syr)<br>Therapeutic Equiv. _____ Exp. _____ |

**ANTINAUSEANT**

- |    |                          |                          |  |
|----|--------------------------|--------------------------|--|
|    | <b>A</b>                 | <b>U</b>                 |  |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Phenergan (promethazine) 25mg/ml Exp. _____<br>Therapeutic Equiv. _____ Exp. _____ |

**ANTI HISTAMINE**

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | <b>A</b>                 | <b>U</b>                 |   |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | Benedryl (diphenhydramine) (50 mg) Exp. _____<br>Therapeutic Equiv. _____ Exp. _____                  |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Syringes: 1cc, 3cc, 10cc (assorted w/needles)   |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric drug dosage tape (min. 2002 edition)<br>Publication date: _____<br>Successor Edition: _____ |

<b>COMMENTS FOR ADVANCED LIFE SUPPORT VEHICLES ONLY</b>