



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TENNESSEE 37243

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
Removed from Service
- Failed/Removed from Service
- Reinspection

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"/> | | P.A./Radio Amp. |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | | Driver console control
Dispatch T _____ R _____ |
| 3 | <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.)
(1) driver compartment
(1) pt. compartment |

EL ELECTRICAL AND LIGHTING

- | | A | U | | | | |
|----|--------------------------|--------------------------|--|-------------------------------|-------------------------------|-----------------------------|
| 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) | | | |
| 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 domelights -
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

- | | A | U | |
|---|--------------------------|--------------------------|--|
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | 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 |
| 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) |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Traction splint w/attachments, pediatric |

VI VEHICLE INTERIOR

- | | A | U | |
|---|--------------------------|--------------------------|--|
| 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

- | | A | U | |
|---|--------------------------|--------------------------|--|
| 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"/> | Bag/valve resuscitator (Infant) |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Adult |

- | | | | |
|----|--------------------------|--------------------------|---|
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Child |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Resuscitation mask, Infant |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Non-Tracheal airway (PTL, Combitube, King LT, L.M.A.) |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | End tidal Carbon Dioxide (CO2) Detectors
<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Connecting tubing (min. 2 ea.) |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | O2 mask, Adult non-rebreather (2 ea.) |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | O2 mask, Pediatric non-rebreather (2 ea.) |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | O2 mask, infant medium concentration (2 ea.) |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Nasal Cannula, Adult (2 ea.) |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Oropharyngeal airways (5 sizes) |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Nasopharyngeal airways (5 sizes) |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Installed O2 contents _____ psi Cyl _____ |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Installed cylinder restraint |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Regulator & Distribution outlets (2 ea.) |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Installed O2 Flowmeter Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Portable O2 contents _____ psi Cyl _____ |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Full Portable Spare Cylinder |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Portable cylinder restraints |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Portable Regulator & Flowmeter Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Humidifiers (Single patient use) (optional) |

SS SUCTION SYSTEMS

- | | A | U | |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Installed Suction, Pass <input type="checkbox"/> Fail <input type="checkbox"/>
(Pump, gauge and control) |
| 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) Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Collection Bottle (disposable preferred) |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Suction tubing (2' long) (2 ea.) |

DE DIAGNOSTIC EQUIPMENT

- | | A | U | |
|---|--------------------------|--------------------------|--|
| 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
service has posted policy) |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Bandage shears (personally assigned equipment
if service has posted policy) |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Pulse Oximeter w/ sensors
<input type="checkbox"/> Adult probes <input type="checkbox"/> Pediatric probes |

IC INFECTION CONTROL

- | | A | U | |
|----|--------------------------|--------------------------|--|
| 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) |

ADVANCED LIFE SUPPORT UNITS

EI ENDOTRACHEAL INTUBATION

- A U**
- 1 Laryngoscope handle w/batteries
 Adult Pediatric
 Laryngoscope blades:
- 2 0, straight
 3 1, straight
 4 2, straight
 5 2, curved
 6 3, straight
 3, curved
 7 4, straight
 4, curved
- Endotracheal Tubes:
- 8 Pediatric sizes 2.5 - 6.0 uncuffed (1 ea., total 8 tubes)
 9 Adult sizes 6.5 - 8.5 cuffed (1 ea., total 5 tubes)
 10 10 cc syringe, luer tip
 11 Sterile lubricant (6 pkgs./ equivalent)
 12 Stylet, adult
 13 Stylet, pediatric
 14 Esophageal detection device
 15 Magill forceps, adult
 16 Magill forceps, pediatric

ALS MEDICATIONS

- A U**
- CARDIOVASCULAR MEDICATIONS**
- 1 Adenosine 6 mgm/2 ml (total 18mgm) Exp. _____
 Therapeutic Equiv. _____ Exp. _____
- 2 Atropine sulfate 1.0 mg/ml (4 syr.) Exp. _____
 Therapeutic Equiv. _____
 Exp. _____

- BENZODIAZEPINE ANTICONSULSANT**
- 3 Diazepam (Valium)
 10 mg/2 ml (2 syr./vials) or Exp. _____
 Therapeutic Equiv. _____ Exp. _____
- VASOPRESSOR AGENTS**
- 4 Epinephrine 1:10,000 (4 syr.) or Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- ANTIARRHYTHMIC AGENTS**
- 5 Lidocaine 100 mg/5 ml (4 syr.) or Exp. _____
 Amiodarone Exp. _____
 (amp. of 150-300 mg to total 450 mg)
 Therapeutic Equiv. _____ Exp. _____
- 6 Lidocaine 4 mg/ml premix (min.1) Exp. _____

- 7 Magnesium Sulfate Exp. _____
 (1 gm sufficient to admin. 2 gm doses)
- 8 Sodium Chloride Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- ANALGESICS**
- 9 Morphine sulfate Exp. _____
 10 mg/ml (min. 1 amp./syr) or
- 10 Meperidine hydrochloride Exp. _____
 11 Nalbuphine (Nubain) Exp. _____
 12 Butophanol (Stadol) Exp. _____
 13 Nitrous Oxide Exp. _____
 Therapeutic Equiv. _____ Exp. _____
- 14 Nitroglycerin 1/150gr. t s Exp. _____

- HYPOGLYCEMIC COUNTERMEASURES**
- 15 Blood Glucose Testing Media
 16 Calibration strips Exp. _____
 17 Lances
 18 Dextrose 50% 25gm/50ml (min. 2 syr.) Exp. _____
 Therapeutic Equiv. _____ Exp. _____
 19 Dextrose 25% 12.5 gm/50ml (2syr) Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- NARCOTIC ANTAGONIST**
- 20 Narcan 1mg/ml (2 amp./syr.) Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- ALKALIZING AGENT**
- 21 Sodium Bicarb. 50 meq(min 2 syr) Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- SYSTEMIC DIURETICS**
- 22 Lasix (furosemide) Exp. _____
 to total 80 mg. (amp/vials/syr)
 Therapeutic Equiv. _____ Exp. _____

- ANTINAUSEANT**
- 23 Phenergan (promethazine) 25mg/ml Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- ANTI HISTAMINE**
- 24 Benedryl (diphenhydramine) (50 mg) Exp. _____
 Therapeutic Equiv. _____ Exp. _____

- 25 Syringes: 1cc, 3cc, 10cc (assorted w/needles)
 26 Pediatric drug dosage tape (min. 2002 edition)
 Publication date: _____
 Equivalent Edition: _____

COMMENTS FOR ADVANCED LIFE SUPPORT VEHICLES ONLY	