



CHECKLIST OF BASIC-ADV AND ALS NON-TRANSPORT VEHICLE/EQUIPMENT

State form 51818 (7-04)

DATE: _____

Name of Provider				Provider Cert.No.		Provider Level Basic - Advanced Intermediate Paramedic			
Vehicle Certification Number		Vehicle Identification Number (VIN)			Mileage		License Plate No.		
Year	Make	Conversion	New Replacement	Renewal	Certificate inside vehicle	Yes	No	Certificate No. displayed	L.Front R. Front
Tread Depth: LF		RF	LR	RR	Communication: IHERN Dispatch/tactical UHF		List any damage		
/32		/32	/32	/32					
ENGINE, BRAKES, STEERING, ELECTRICAL					RESCUE EQUIPMENT				
Yes	No	Exhaust system intact			Yes	No	Fire extinguisher, one (1) 2 A;4-B;C mounted and accessible		
Yes	No	Audible back-up warning device			Yes	No	One (1) hammer: 4 pound with 15 inch handle		
Yes	No	Driver compartment lighting			Yes	No	One (1) wrecking bar, 24 inch combination tool min		
Yes	No	Parking brake			Yes	No	One (1) self-contained portable light source		
VEHICLE EXTERIOR/INTERIOR					RESPIRATORY RESUSCITATION				
Yes	No	Wheels and rims			Yes	No	Non-visualized airway(2) with soluble lubricant		
Yes	No	Seats and safety belts			Yes	No	Portable suction apparatus-rigid and soft tips		
Yes	No	Windows intact			Yes	No	Bag-mask ventilation units-one (1) each:adult, child, infant, and neonatal mask only		
Yes	No	Heating driver compartment			Yes	No	Oropharyngeal airways two each: adult, infant,child		
Yes	No	Air conditioning driver compartment			Yes	No	Nasopharyngeal airway two each: small, medium, large		
Yes	No	Mirrors, right and left			Yes	No	Oxygen delivery devices: High concentration devices		
Yes	No	Appropriate wiring			Yes	No	Oxygen delivery devices: Low concentrations devices		
Yes	No	Warning lights conform to Indiana State law			Yes	No	Portable oxygen equipment 300 ltr with yoke, medical regulator, pressure gauge, nondependent flowmeter		
Yes	No	Sirens conform to Indiana State law			Yes	No	Pocket mask with one-way valve		
WOUND CARE & PATIENT STABILIZATION SUPPLIES					Yes	No	Bulb syringe individually packaged		
Yes	No	Assorted bandage supplies for the care of soft tissue injuries			DEFIBRILLATION SUPPLIES				
Yes	No	Airtight dressings: four (4) minimum			Monitor/Defibrillator:		Manual	Semi-automatic	Automatic
Yes	No	Upper & lower splinting devices: two (2) each			Make:		Model:		
Yes	No	Rigid extrication collar: two (2) each, pediatric small, medium, large			Yes	No	Pads, adult		
MISCELLANEOUS SUPPLIES					Yes	No	Pads, pediatric		
Yes	No	Gowns, gloves, masks, shields			Yes	No	Paddles, adult		
Yes	No	Antimicrobial hand cleaner			Yes	No	Paddles, pediatric		
Yes	No	Sharps container			INTERMEDIATE/PARAMEDIC SUPPLIES				
Yes	No	Biohazard bags			Yes	No	Tracheal suction catheters, sizes 10, 14, 18		
Yes	No	Obstetrical kit: one, sterile			Yes	No	Endotracheal intubation devices including: laryngoscope, with extra batteries, bulbs, blades(adult & ped.), curved and straight, and tubes, 2 each sizes 3 - 9		
Yes	No	Blood Pressure manometer: large, adult, pediatric			Yes	No	IV fluids, medications, & administration supplies		
Yes	No	Stethoscopes: adult, pediatric			Yes	No	List of medications with dosages, fluids, & supplies signed by MD		
Yes	No	Protocols: BLS, ALS			Yes	No	Narcotics stored in double locked system		
EMT BASIC-ADVANCED SUPPLIES									
Yes	No	IV fluids, medications, & administration supplies							
Yes	No	List of Medications, fluids, supplies signed by MD							
INSPECTION STATUS AND COMMENTS									

_____ Send written verification to District Manager within ten (10) days

_____ Do not use vehicle until re-inspected

Signature of Provider Representative _____ Title _____ Date _____

Signature of EMS Commission Representative _____ Date _____