



**Oklahoma State Department of Health**  
 Protective Health Services  
 Emergency Systems/EMS Division  
 1000 N.E. 10<sup>th</sup> Street  
 Oklahoma City, OK 73117-1299  
 Telephone: (405) 271-4027  
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**AMBULANCE INSPECTION FORM**

Date:

Time:

Agency Name:

Location of Inspection:

Agency Representative:

**VEHICLE INFORMATION**

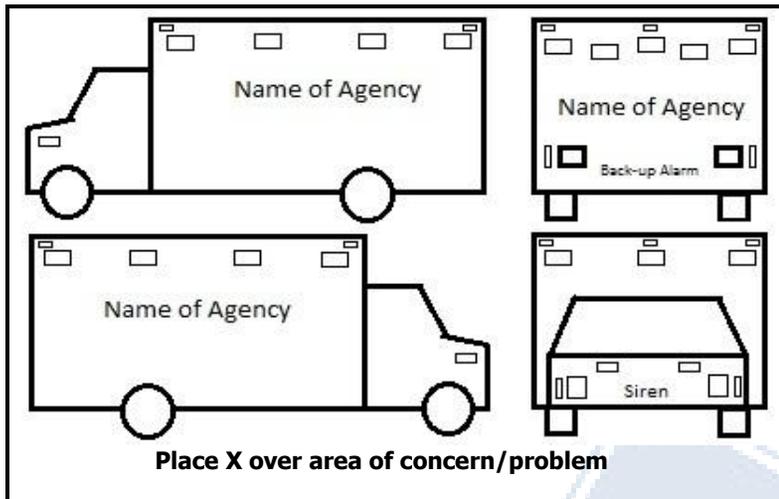
Purpose of Inspection: Initial Inspection  Routine Inspection  Re-Inspection  Complaint  Self Inspection  Permit Classification: A  B  S  E   
 Ambulance Not Permitted:

V.I.N #: \_\_\_\_\_ Local Unit #: \_\_\_\_\_ Tag #: \_\_\_\_\_ Tag Expiration: \_\_\_\_\_

Insurance Verification: Yes  No  Engine Type:  Diesel  Gasoline  Other \_\_\_\_\_ OSDH Representative: \_\_\_\_\_

ITEM APPROVED		Y	N	ITEM APPROVED		Y	N	ITEM APPROVED		Y	N	ITEM APPROVED		Y	N										
Title 47 / Triple K				Safety Equipment				ALS Supplies and Equipment				ALS Supplies and Equipment													
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Gauntlet Leather Gloves (2) Pair	<input type="checkbox"/>	<input type="checkbox"/>	Water Soluble Lubricant Packets (2)	<input type="checkbox"/>	<input type="checkbox"/>	Intraosseous Equipment (2)	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>	Window Glass Breaking Device	<input type="checkbox"/>	<input type="checkbox"/>	Tape (1/2 inch and larger) (4)	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral IV Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Heater / AC (Front and Back)	<input type="checkbox"/>	<input type="checkbox"/>	Flash Lights (2)	<input type="checkbox"/>	<input type="checkbox"/>	Bandage Scissors (on unit or person)	<input type="checkbox"/>	<input type="checkbox"/>	IV Catheters 24 thru 14 gauge (6) ea.	<input type="checkbox"/>	<input type="checkbox"/>	Clearance Lights	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers (2) 5lb	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	IV Fluids (per local protocol)	<input type="checkbox"/>	<input type="checkbox"/>		
Scene Lights	<input type="checkbox"/>	<input type="checkbox"/>	Communicable Disease Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Set (Infant thru Adult)	<input type="checkbox"/>	<input type="checkbox"/>	Laryngoscope with (2) Sets of Curved and Straight blades size 0-4	<input type="checkbox"/>	<input type="checkbox"/>	Siren	<input type="checkbox"/>	<input type="checkbox"/>	Hand Sanitizing Station	<input type="checkbox"/>	<input type="checkbox"/>	Stethoscope (Adult and Pedi Sizes)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Rear Load Lights	<input type="checkbox"/>	<input type="checkbox"/>	Break-a-way reflective safety vest (2)	<input type="checkbox"/>	<input type="checkbox"/>	Sterile Obstetrics Kit	<input type="checkbox"/>	<input type="checkbox"/>	Magill Forceps Large and Small	<input type="checkbox"/>	<input type="checkbox"/>	Back up Alarm	<input type="checkbox"/>	<input type="checkbox"/>	Secured OSHA Sharps Container	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Blankets (2)	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Advanced Airway Device per Protocol	<input type="checkbox"/>	<input type="checkbox"/>		
Spot Light	<input type="checkbox"/>	<input type="checkbox"/>	Bio-Hazard Bags	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precaution Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Nasogastric Tubes (2) each 8F-16F	<input type="checkbox"/>	<input type="checkbox"/>	Tail and Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors (3) or battery powered lights	<input type="checkbox"/>	<input type="checkbox"/>	Blood Glucose Analysis System	<input type="checkbox"/>	<input type="checkbox"/>	All ALS Sterile Supplies are Sterile	<input type="checkbox"/>	<input type="checkbox"/>		
Muffler / Tail Pipe	<input type="checkbox"/>	<input type="checkbox"/>	OSHA approved hard hats with goggles	<input type="checkbox"/>	<input type="checkbox"/>	Semi-Automatic External Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	All ALS Expired Items are Removed	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>				Pulse Oximetry	<input type="checkbox"/>	<input type="checkbox"/>					
4 - Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>				Portable Transport Device	<input type="checkbox"/>	<input type="checkbox"/>				Encoder / able to access H.E.A.R.	<input type="checkbox"/>	<input type="checkbox"/>				Upper and Lower Extremity Splints (Adult and Pedi Sizes)	<input type="checkbox"/>	<input type="checkbox"/>					
2 - Way Radio	<input type="checkbox"/>	<input type="checkbox"/>	<b>BLS Supplies and Equipment</b>			BVM Resuscitator(2) adult, infant, child, neo	<input type="checkbox"/>	<input type="checkbox"/>				Outside Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Oropharyngeal Airways (Single Wrap)	<input type="checkbox"/>	<input type="checkbox"/>	Long Spine Boards (2) Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<b>ACLS Supplies and Equipment</b>				
Reportable Body Damage	<input type="checkbox"/>	<input type="checkbox"/>	Nasal Cannulas (2) adult			<input type="checkbox"/>	<input type="checkbox"/>	Head Immobilization Device (2)	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Monitor-Defib (1yr Calibration)	<input type="checkbox"/>	<input type="checkbox"/>	Reportable Body Damage	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Masks (2) adult (2) infant (2) child	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Collars (2) of each adult sizes	<input type="checkbox"/>	<input type="checkbox"/>	Adult & Pedi Defib Paddles or Pads	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient Compartment</b>			Tonsil-tip suction catheters with tubing			<input type="checkbox"/>	<input type="checkbox"/>	Cervical Collar (2) of each pedi sizes	<input type="checkbox"/>	<input type="checkbox"/>	Adult and Pedi Electrodes (2)	<input type="checkbox"/>	<input type="checkbox"/>	General Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	Infant thru Adult French Suction caths	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Collar (1) for Infant	<input type="checkbox"/>	<input type="checkbox"/>	Resuscitation Medications (ACLS and PALS)	<input type="checkbox"/>	<input type="checkbox"/>
Equipment / Supplies Clean	<input type="checkbox"/>	<input type="checkbox"/>	Sterile Bulb Syringes (2)			<input type="checkbox"/>	<input type="checkbox"/>	Short Spine Board or Vest Type Immobilizer with accessories	<input type="checkbox"/>	<input type="checkbox"/>	Length / Weight Drug Chart	<input type="checkbox"/>	<input type="checkbox"/>	Equipment / Supplies Secured	<input type="checkbox"/>	<input type="checkbox"/>	End Tidal CO2 Monitoring Device	<input type="checkbox"/>	<input type="checkbox"/>	Traction Split	<input type="checkbox"/>	<input type="checkbox"/>	Narcotics / Security	<input type="checkbox"/>	<input type="checkbox"/>
Cot Straps with Shoulder Harness	<input type="checkbox"/>	<input type="checkbox"/>	Instant Cold Packs (6)			<input type="checkbox"/>	<input type="checkbox"/>	Run Reports (Paper or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	All ACLS Sterile Supplies are Sterile	<input type="checkbox"/>	<input type="checkbox"/>	Linens Stored and Clean	<input type="checkbox"/>	<input type="checkbox"/>	Sterile 4x4 Dressings (50)	<input type="checkbox"/>	<input type="checkbox"/>	All BLS Sterile Supplies are Sterile	<input type="checkbox"/>	<input type="checkbox"/>	All ACLS Expired Items are Removed	<input type="checkbox"/>	<input type="checkbox"/>
On-Board Oxygen System _____psi	<input type="checkbox"/>	<input type="checkbox"/>	Sterile 6x8 Dressings (6)			<input type="checkbox"/>	<input type="checkbox"/>	All BLS Expired Items are Removed	<input type="checkbox"/>	<input type="checkbox"/>				Portable Oxygen System _____psi	<input type="checkbox"/>	<input type="checkbox"/>	Roller Bandages (10)	<input type="checkbox"/>	<input type="checkbox"/>						
Portable Suction Unit	<input type="checkbox"/>	<input type="checkbox"/>	Triangular Bandages (8)			<input type="checkbox"/>	<input type="checkbox"/>							Wall-Mounted Suction Unit	<input type="checkbox"/>	<input type="checkbox"/>	Clean Burn Sheets (2)	<input type="checkbox"/>	<input type="checkbox"/>						
Trash Receptacle	<input type="checkbox"/>	<input type="checkbox"/>																							

\* See O.A.C. 310:641 Rules for complete list of required supplies, equipment and quantities



Carbon Monoxide Test (Critical = /> 50 ppm)		Inspection Findings	
Ambient Level: _____ ppm		Ambulance Certified to Operate (No Deficiencies)	<input type="checkbox"/>
Side Door: _____ ppm		Ambulance Certified to Operate (with Deficiencies)	<input type="checkbox"/>
Attendant Area: _____ ppm		Ambulance Ordered Out-of-Service	<input type="checkbox"/>
Stretcher Area: _____ ppm		<b>Reason for Placing Ambulance Out-of-Service:</b>	
Driver Area: _____ ppm			
Rear Door Area: _____ ppm			

**REMARKS AND COMMENTS:**

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**CITATION OF LAW: THIS INSPECTION HAS BEEN CONDUCTED PURSUANT TO TITLE 63, SECTION 2501 AND THE EMS RULES PROMULGATED BY THE STATE BOARD OF HEALTH – OKLAHOMA ADMINISTRATIVE CODE 310:641**

I have been given/offered a copy of this inspection report and understand the basis of this report. I also understand that OSDH/EMS recommends all of the above (if any) deficiencies be corrected immediately.

I will provide OSDH/EMS written notification of correction by: \_\_\_\_\_ / \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Representative Date

I have inspected the above named Ambulance Provider and the vehicle and equipment at the time and date shown above and have found each item as shown within this report.

\_\_\_\_\_  
Signature of OSDH Representative Date

*Please Place Removed Permit in this Area*