



Provider \_\_\_\_\_ Provider Number \_\_\_\_\_ V.I.N. (last four if applicable) \_\_\_\_\_

Provider Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Vehicle Type or Stationary Unit \_\_\_\_\_ Location/Address \_\_\_\_\_

Level of Care  ALS  ILS  BLS  FR Local ID \_\_\_\_\_ EMS System \_\_\_\_\_ Date \_\_\_\_\_

Initial  Annual  Self Inspection  Compliant  Waiver (attached)

Issue license  Reinspection required (non-life threatening equipment problems)

A condition has been identified that could result in harm to the public, this vehicle should be removed from service until corrections are made, a reinspection is conducted, and IDPH approves.

**Equipment**

- |  |  |
|--|--|
| <input type="checkbox"/> Adhesive tape rolls (2)   | <input type="checkbox"/> Flashlight and Pen light  |
| <input type="checkbox"/> Airways - Oropharyngeal airways (adult, child, infant)                | <input type="checkbox"/> Obstetrical Kit, sterile w/head cover (1)   |
| <input type="checkbox"/> Airways - Nasopharyngeal airways (size 12-34 F w/lubricant)           | <input type="checkbox"/> Oxygen equipment-adult, child infant masks (1 each)<br>Cylinder must be minimum 1200 with O2 tank key attached          |
| <input type="checkbox"/> Bandages/ arm slings/triangular (2)                                   | <input type="checkbox"/> Oxygen flowmeter/regulator for 15 lpm with delivery tubing  |
| <input type="checkbox"/> Bandages/ roller, self adhering (4)                                   | <input type="checkbox"/> Personal protective items - isolation bags (1), non-porous gloves (2), face/eye mask (2), gowns (2)                     |
| <input type="checkbox"/> Bandages/ sterile gauze pads (4x4) (10)                               | <input type="checkbox"/> Run report forms (5)  |
| <input type="checkbox"/> Bandages/ Vaseline gauze (3"x 8") (1)                                 | <input type="checkbox"/> Squeeze bag-valve-mask - adult bag with adult mask  |
| <input type="checkbox"/> Bandages/ trauma/universal dressings (2)                              | <input type="checkbox"/> Squeeze bag-valve-mask - child, infant, and neonate mask  |
| <input type="checkbox"/> Bandage scissors (1)  | <input type="checkbox"/> Splinting devices (2)   |
| <input type="checkbox"/> Blanket (Mylar accepted) (1)  | <input type="checkbox"/> Sterile solution (1000cc) in plastic bottles or bags  |
| <input type="checkbox"/> Blood pressure cuffs (adult, child, infant) w/ gauges                 | <input type="checkbox"/> Stethoscope (1)   |
| <input type="checkbox"/> Burn Sheet (1)  | <input type="checkbox"/> Suction Device with tubing and sterile single use suction catheters, one from each size range, 6 - 8; 10 - 12; 14 - 18. |
| <input type="checkbox"/> C-collars, adjustable or (1 each)-Adult Lg., Med., Sm., Child, Infant | <input type="checkbox"/> <b>ILS/ALS system approved equipment (medication storage box, airway equipment, monitor/defibrillator)</b>              |
| <input type="checkbox"/> Cold Packs (2) and Warm packs (2)                                     | <input type="checkbox"/> <b>Meets temperature/environmental control standards for medication storage box.</b>                                    |
| <input type="checkbox"/> Communication equipment to contact hospital                           |  |
| <input type="checkbox"/> Defibrillator/AED - w/adult and pediatric pads                        |  |

COMMENTS:

I verify that the information provided is true and correct to the best of my knowledge. I understand that misrepresentation of this information will constitute grounds to invalidate this inspection documentation and my result in loss of EMS provider licensure.

\_\_\_\_\_  
Pre-Hospital Care Provider/Owner or Representative Signature, Title and Date

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EMS System Coordinator Signature and Date