



**STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION FORM (SECTION 401.31, F.S.)**



Service Name: _____ **Inspection Date:** ____/____/____ **Unit No.** _____

Inspection Codes:

- 1 = Item meets inspection criteria.
- 1a = Item corrected during inspection to meet criteria.
- 2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
- 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
- 3 = Minimal support equipment, medical supplies, records or procedures



The services medical director determines quantities. Supply must be sufficient to meet the requirements of the services protocols.

**ALS EQUIPMENT AND MEDICATIONS
(Reference Section 64E-2.003, Table V, F.A.C.)**

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)
1. Atropine Sulfate			n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.
2. Dextrose, 50 percent	25 gm/50ml		o. Syringes from 1 ml. To 20 ml.
3. Epinephrine HCL	1:1,000 1 mg/ml		p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.
4. Epinephrine HCL	1: 10,000 1 mg/10cc		q. Adult and pediatric monitoring electrodes.
5. Ventricular dysrhythmic			r. Pacing electrodes, if monitor or defibrillator requires.
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		s. Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient
8. Nitroglycerin	0.4 mg spray pump		t. Method of blood glucose monitoring approved by medical director.
9. Diazepam	5 mg/ml		u. Pediatric length based measurement tape for equipment selection and drug dosage.
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		v. Approved sharps container per 64E-16, F.A.C.
IV SOLUTIONS MINIMUM QTY	MINIMUM AMMOUNTS		w. Flexible suction catheters size 6-8, 10-12, and 14, French One each
1. Lactated Ringers or Normal Saline		In any combination	Other ALS Requirements
Medical Equipment			1. Standing orders – authorized by current medical director within last 24 months
a. Laryngoscope handle with batteries			2. Controlled substances stored in a locked drug compartment.
b. Laryngoscope blades, adult, child and infant sizes			3. Controlled substance written vehicle log:
c. Pediatric IV arm board or splint appropriate for IV stabilization			A. Inventory conducted at beginning and end of shift.
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)			B. Log consecutively, permanently numbered pages.
e. Pediatric and adult endotracheal tube stylets.			C. Log on each vehicle specifies:
f. Pediatric and adult Magill forceps.			1. Vehicle unit or number;
g. Device for intratracheal meconium suctioning in newborns			2. Name of employee conducting inventory;
h. Tourniquets			3. Date and time of inventory;
i. IV cannulae between 14 and 24 gauge			4. Name, weight, volume or quantity and expiration date of each controlled substance;
j. Micro drip sets			5. Run report no. (if administered);
k. Macro drip sets			6. Each amount administered or disposed;
l. IV pressure infuser			7. Printed name and signature of administering Paramedic or other authorized licensed professional.
m. Needles between 18 and 25 gauge			8. Printed name and signature of person witnessing the disposal of each unused portion.

Comments:

I the undersigned representative of the above service, acknowledge receipt of a copy of this inspection form, applicable supplemental forms and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Chapters 401, F.S. and 64E-2, F.A.C. Copy of inspection and Corrective Action Statement received by:

Person in Charge: _____ **Date:** _____

Inspected By: _____ **Date:** _____