



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



**Service Name:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**County:** \_\_\_\_\_ **Type of Inspection:**  Initial  Reinspection  Random  Complaint  Announced  Unannounced  
**Vehicle Information:**  Transport  Non-Transport **Unit#** \_\_\_\_\_ **Year/Make** \_\_\_\_\_ **Permit Type** \_\_\_\_\_ **Permit#** \_\_\_\_\_  
**VIN** \_\_\_\_\_ **Tag#** \_\_\_\_\_

**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.**

Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1.			Minimum = One EMT and One Driver
2.			
3.			

<b>I. VEHICLE REQUIREMENTS (Chapter 316 and 401, F.S., Chapter 64e-2, F.A.C. and KKK-A-1822D)</b>	d. Roller gauze
1. Exhaust System	e. ABD (minimum 5x9 inch) pads
2. Exterior Lights: A. Head lights (high and low beam) B. Turn signals C. Brake Lights D. Tail Lights E. Back-up lights and audible warning device	2. One pair of Bandage Shears 3. One set each, patient restraints – wrist and ankle 4. One each blood pressure cuffs: infant, pediatric, and adult. 5. One stethoscope: pediatric and adult 6. Blankets 7. Sheets. (not required on non-transport vehicles)
3. Horn	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.) 9. One disposable blanket or patient rain cover.
4. Windshield wipers	10. One long spine board and three straps or equivalent.
5. Tires	11. One short spine board and two straps or equivalent.
6. Vehicle free of rust and dents	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.
7. Two-way radio communication – radio test A. Hospital (cab and patient compartment) B. Dispatch Center C. Other EMS units	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent. 14. Two portable oxygen tanks, “D” or “E” cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi. 15. Each transparent oxygen masks; adult, child and infant sizes, with tubing
8. Emergency Lights	16. Set of pediatric and adult nasal cannulae with tubing.
9. Siren	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822C specifications.
11. Doors open properly, close securely.	19. Assorted sizes of extremity immobilization devices.
12. Rear and side view mirrors.	20. One lower extremity traction splint. (Pediatric and Adult)
13. Windows and windshield	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties. 22. Burn sheets.
<b>II. TRANSPORT VEHICLE REQUIREMENTS (Chapter 401, F.S., and 64E-2, F.A.C. and KKK-A-1822D).</b>	23. One flashlight with batteries.
1. Primary stretcher and three straps.	24. Occlusive dressings.
2. Auxiliary stretcher and two straps.	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult
3. Two ceiling mounted IV holders.	26. One installed oxygen with regulator gauge and wrench, minimum “M” size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)
4. Two no-smoking signs.	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.
5. Overhead grab rail.	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.
6. Squad bench and three sets of seat belts.	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.
7. Interior lights.	30. Nasopharyngeal airways, French or mm equivalents ( infant , pediatric , and adult
8. Exterior floodlights.	31. One approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.
9. Loading lights.	31a. Pediatric length based measurement device for equipment selection and drug dosage
10. Heat and air conditioning with fan.	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.
11. Word-“Ambulance” – sides, back and mirror image front.	33. One bulb syringe separate from obstetrical kit.
<b>III. MEDICAL EQUIPMENT FOR TESTING (Section 64E-2.002, F.A.C., and KKK-A-1822-D)</b>	34. One thermal absorbent reflective blanket.
I. Installed suction. (Transport only)	35. Two multi-trauma dressings.
Items 4, 14, 17, 18 and 26 in section II must be tested.	<b>GENERAL SANITATION (Chapter 401.26(2)(e), F.S.)</b>
<b>IV. MEDICAL SUPPLIES AND EQUIPMENT (Section 64E-2.002, Table III, F.A.C., GSA KKK-A-1822 D 2-12)</b>	<b>I. Vehicle and Contents X Satisfactory <input type="checkbox"/> Unsatisfactory</b>
1. Bandaging, dressing and taping supplies: a. Rolls adhesive, silk or plastic tape. b. Sterile gauze pads, any size c. Triangular bandages	

**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:** \_\_\_\_\_