

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

PAEMS BLS Non-Transport Supply List

(Use in conjunction with IDPH Non-Transport Vehicle Inspection Form)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> 5 Triangular bandages<input type="checkbox"/> 10 Rolls kling/Self-adhering roller bandages<input type="checkbox"/> 6 Trauma dressings<input type="checkbox"/> 20 Sterile 4x4s<input type="checkbox"/> 2 Vaseline gauze<input type="checkbox"/> 2 Rolls of adhesive tape<input type="checkbox"/> 2 Blankets<input type="checkbox"/> 1 Isolation bag<input type="checkbox"/> 2 Sets of protective gowns, goggles & face shields<input type="checkbox"/> 2 Long adult extremity splints/Sam splints<input type="checkbox"/> 2 Short adult extremity splints/Sam splints<input type="checkbox"/> 2 Long pediatric extremity splints/Sam splints<input type="checkbox"/> 2 Short pediatric extremity splints/Sam splints<input type="checkbox"/> 1 Box small gloves<input type="checkbox"/> 1 Box medium gloves<input type="checkbox"/> 1 Box large gloves<input type="checkbox"/> 1 Full primary oxygen cylinder (min. "D" size)<input type="checkbox"/> Oxygen flow meter/regulator for 15 L/min<input type="checkbox"/> 2 Adult non-rebreather masks<input type="checkbox"/> 2 Child non-rebreather masks<input type="checkbox"/> 1 Infant mask<input type="checkbox"/> 1 Adult BVM<input type="checkbox"/> 1 Child BVM<input type="checkbox"/> 1 Infant BVM<input type="checkbox"/> 2 Nasal cannulas<input type="checkbox"/> Suction unit (or manually operated suction unit)<input type="checkbox"/> 1000mL Sterile saline/water (exp. _____)<input type="checkbox"/> 6 Cold packs<input type="checkbox"/> 6 Hot packs
<input type="checkbox"/> 1 Glucometer<input type="checkbox"/> 1 Bottle of glucometer strips (exp. _____)<input type="checkbox"/> 10 Alcohol preps<input type="checkbox"/> 10 Lancets (safety lancets with a retracting needle)<input type="checkbox"/> 1 Bottle testing solution (exp. _____)<input type="checkbox"/> Glucometer log (minimum of 1 time/week testing)
<input type="checkbox"/> 2 Adult nebulizer masks<input type="checkbox"/> 1 Pediatric nebulizer mask<input type="checkbox"/> 2 Combi-Tubes (41F)<input type="checkbox"/> 2 Nebulizer kits | <ul style="list-style-type: none"><input type="checkbox"/> Provider to hospital communication equipment<input type="checkbox"/> 10 <i>PAEMS Non-Transport Forms</i><input type="checkbox"/> 1 Sterile OB Kit<input type="checkbox"/> 1 Roll of aluminum foil or silver swaddler<input type="checkbox"/> 1 Complete set of oropharyngeal airways<input type="checkbox"/> 1 Complete set of nasopharyngeal airways (sizes 12-30F w/ lubricant)<input type="checkbox"/> 1 Adult BP cuff<input type="checkbox"/> 1 Child BP cuff<input type="checkbox"/> 1 Infant BP cuff<input type="checkbox"/> 1 Stethoscope<input type="checkbox"/> 2 Long backboards (only 1 required for SEMSV)<input type="checkbox"/> 2 CIDs w/ head blocks or towel rolls<input type="checkbox"/> 2 Sets of spider straps<input type="checkbox"/> 2 Rigid <i>No-neck</i> c-collars (or adjustable adult)<input type="checkbox"/> 1 Rigid <i>Tall</i> c-collar (or adjustable adult)<input type="checkbox"/> 1 Rigid <i>Short</i> c-collar (or adjustable adult)<input type="checkbox"/> 1 Rigid <i>Pediatric</i> c-collar (or adjustable peds)<input type="checkbox"/> 1 Rigid <i>Baby No-neck</i> c-collar (or adjustable peds)<input type="checkbox"/> 2 Individually wrapped burn sheets<input type="checkbox"/> 1 Flashlight
<input type="checkbox"/> 1 AED (Not required for ILS & ALS)<input type="checkbox"/> 2 Sets of adult defibrillation pads (exp. _____)<input type="checkbox"/> 1 Set of pediatric defibrillation pads (if available) (exp. _____)<input type="checkbox"/> Battery charger or spare battery<input type="checkbox"/> 1 Razor |
|--|--|

Medications

(See BLS Medication List)

Signature: _____ **Date:** _____

**Illinois Department of Public Health
Division of Emergency Medical Services and Highway Safety
Non-transport Vehicle Inspection Form**

Provider name _____ Region _____ Provider number _____

Provider address _____ City/State/ZIP _____

Vehicle year/Manufacturer _____ Vehicle address _____ V.I.N. (last four nos.) _____

ALS ILS B/D BLS FR/D FR _____ / / _____
 Level of care (circle one) Local I.D. EMS system Date

Vehicle type (check one) Engine Pumper Squad Truck Other (describe in comments section)

Vehicle class (check one) Primary (staffed 24 hrs./7 days) Assist (staffed as available)

Initial Annual Self-inspection 3rd party Complaint Other (see comment form) Waiver (attached)

Issue license Reinspection required (non-life threatening equipment problems) **Advisory DO NOT OPERATE UNTIL REPAIRED/ REINSPECTED**

Legal action required for the following: **A condition has been identified that could result in harm to the public. This vehicle should be removed from service until all corrections are made, a reinspection is conducted and IDPH approves (see comment form).**

First Responder Equipment

- | | | |
|---|--|--|
| <input type="checkbox"/> Triangular bandages/Arm slings | <input type="checkbox"/> Adhesive tape rolls | <input type="checkbox"/> Non-porous disposable gloves |
| <input type="checkbox"/> Roller bandages, self-adhering (4" X 5 yd.) | <input type="checkbox"/> Blanket | <input type="checkbox"/> Adult squeeze bag-valve-mask with adult and child mask |
| <input type="checkbox"/> Trauma/universal dressings | <input type="checkbox"/> Isolation bag | <input type="checkbox"/> Child squeeze bag-valve-mask with child and infant mask |
| <input type="checkbox"/> Sterile gauze pads (4" X 4") | <input type="checkbox"/> OSHA personal protection items (face/eye mask, gowns) | <input type="checkbox"/> Oropharyngeal airways (adult, child, infant) |
| <input type="checkbox"/> Vaseline gauze/Occlusive bandages (3" X 8") | <input type="checkbox"/> Upper extremity splints | <input type="checkbox"/> Pediatric lower extremity splints |
| <input type="checkbox"/> Bandage scissors | <input type="checkbox"/> Lower extremity splints | |
| <input type="checkbox"/> Automatic defibrillator (requires EMS system approval) | <input type="checkbox"/> Oxygen equipment with adult, child, infant masks (one each); cylinder is to be full | |

First Responder Optional Equipment

- Stabilizing device for impaled object/Tourniquet

**All Other Non-Transports
(in addition to above equipment)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Oxygen flowmeter/Regulator for 15 lpm | <input type="checkbox"/> Cervical collars (adult, child, infant, peds) | <input type="checkbox"/> Obstetrical kit, sterile with head cover |
| <input type="checkbox"/> Delivery tubing | <input type="checkbox"/> Blood pressure cuffs (adult, child, infant) with gauges | <input type="checkbox"/> Cold packs |
| <input type="checkbox"/> Nasopharyngeal airways (sizes 12-30 f w/lubricant) | <input type="checkbox"/> Stethoscope | <input type="checkbox"/> EMS run forms |
| <input type="checkbox"/> Manually operated suction device (IDPH approved) | <input type="checkbox"/> Burn sheet (individually wrapped) | <input type="checkbox"/> Equipment to allow communication with hospital |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Sterile solution (1000cc) in plastic bottles or bags | <input type="checkbox"/> ILS/ALS system approved equipment (drug box, airway equipment, monitor/defibrillator) |
| <input type="checkbox"/> Long backboard | | |

COMMENTS:

As owner/representative, I agree to provide medical care in compliance with the Emergency Medical Services Act rules and regulations, 24 hours a day, every day of the year. Each vehicle will be staffed by at least two emergency medical technicians, pre-hospital R.N.s or physicians on all emergency calls. If this vehicle is operated at the intermediate or paramedic level, it will be staffed by at least one person with the appropriate license for the level of care at which the vehicle is being operated and one other emergency medical technician, pre-hospital R.N. or physician.* I agree to provide emergency service within my service area on a per need basis without regard to a patient's ability to pay. (*State minimum requirements; EMS systems may require a higher level of staffing.)

Pre-hospital care provider/Owner or representative signature and title _____

Illinois Department of Public Health representative signature and title _____

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

PAEMS Ambulance Supply List
(Use in conjunction with IDPH Ambulance Inspection Form)

On-Board Equipment (at minimum)

- Wheeled cot w/ 3 sets of straps + over-the-shoulder straps along w/ 3 point fastener for the cot
- 1 stair chair
- Full primary oxygen cylinder (minimum "M" size)
- 3 Nasal cannulas
- 2 Adult non-rebreather masks
- 2 Child non-rebreather masks
- 2 Infant masks
- Suction (obtains 300mm within 4 seconds)
- Suction canister (1000mL)
- 3 sterile semi-rigid pharyngeal suction tips
- 2 sterile 6-8F suction catheters
- 2 sterile 10-12F suction catheters
- 2 sterile 14-18F suction catheters
- 2 Suction tubing
- 1 Adult BVM
- 1 Child BVM
- 1 Infant BVM
- 1 Large adult BP cuff
- 1 Adult BP cuff
- 1 Child BP cuff
- 1 Infant BP cuff
- 2 Stethoscopes
- 1 Complete oropharyngeal airway kit
- 1 Complete nasopharyngeal airway kit (12-30F)
- 5 Packets water-soluble lubricant
- 1 Pair trauma shears
- 2 Long adult extremity splints/Sam splints
- 2 Short adult extremity splints/Sam splints
- 2 Long pediatric extremity splints/Sam splints
- 2 Short pediatric extremity splints/Sam splints
- 1 Adult traction splint
- 1 Pediatric traction splint
- 1 KED
- 2 Rigid *No-neck* c-collars (or adjustable adult)
- 1 Rigid *Tall* c-collar (or adjustable adult)
- 1 Rigid *Regular* c-collar (or adjustable adult)
- 1 Rigid *Short* c-collar (or adjustable adult)
- 1 Rigid *Pediatric* c-collar (or adjustable peds)
- 1 Rigid *Baby No-neck* c-collar (or adjustable peds)
- 2 Long spine boards
- 2 Sets of spider straps
- 2 Sets CIDs w/ head blocks or towel rolls
- 6 Trauma dressings
- 20 Sterile 4x4s
- 10 Rolls of kling/Self-adhering roller bandages
- 2 Vaseline gauze
- 2 Rolls of tape
- 5 Triangular bandages
- 2 Individually wrapped burn sheets
- 2000mL Sterile saline/water (exp. _____)
- 1 Quart drinking water (may sub sterile water)
- 2 Emesis basins
- 1 CPR mask w/ safety valve
- 6 Cold packs
- 6 Hot packs
- 1 Disposable urinal
- 1 Disposable bed pan
- 2 *Emergency Childbirth Record* Forms
- 1 Sterile OB kit
- 1 Roll of aluminum foil or silver swaddler
- 1 Child/infant car seat
- 1 Broselow tape or Pedi-Wheel (most current)
- Pediatric trauma score reference
- 1 Plastic baby bottle w/ nipple
- Poison control number displayed
- 2 Sets of **soft** restraints
- 2 Pillows
- 2 Pillowcases
- 2 Sheets
- 2 Blankets
- 4 Towels
- 1 Box small gloves
- 1 Box medium gloves
- 1 Box large gloves
- 2 Sets of protective gowns, goggles & face shields
- 1 Latex allergy kit (non-latex gloves, BP cuff sleeve, stethoscope w/ non-latex tubing)
- 10 *PAEMS Preliminary Run Report* forms
- 10 IDPH ambulance run report forms
- 1 Large red biohazard bag
- 1 Sharps container
- 1 Flashlight
- 2 – 5lb *ABC* fire extinguishers
- 1 Cell phone
- Ambulance to hospital radio equipment
- Wrecking bar/goggles
- 1 Box *Zip lock* bags
- 1 Box Kleenexes or toilet tissue

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

PAEMS Ambulance Supply List
(Use in conjunction with IDPH Ambulance Inspection Form)

Portable Equipment

- 1 Full primary oxygen cylinder (minimum "D" size) w/ dial flow meter/regulator for 15 L/min
- 1 Full spare oxygen cylinder
- 1 Adult non-rebreather mask
- 1 Child non-rebreather mask
- 1 Infant mask
- 1 Nasal cannula
- 1 Adult BVM
- 1 Child BVM
- 1 Infant BVM
- Pulse oximeter w/ both adult and pediatric probes
- 1 Portable suction unit
- 3 Sterile semi-rigid pharyngeal suction tips
- 1 Sterile 6-8F suction catheter
- 1 Sterile 10-12F suction catheter
- 1 Sterile 14-18F suction catheter
- 1 Suction tubing
- 1 Complete oropharyngeal airway kit
- 1 Complete nasopharyngeal airway kit (12-30F)
- 5 Packets water-soluble lubricant

- 2 Combi-Tubes (41F)
(One must be in the airway kit)
- 2 Nebulizer kits
- 2 Adult nebulizer masks
- 1 Pediatric nebulizer mask

- 1 AED w/ screen (Not required for ILS & ALS)
- 2 Sets of adult defibrillation pads (exp. _____)
- 1 Set of pediatric defibrillation pads (if available)
(exp. _____)
- Battery charger or spare battery
- 1 Razor

- 1 Glucometer
- 1 Bottle of glucometer strips (exp. _____)
- 10 Alcohol preps
- 10 Lancets (safety lancets with a retracting needle)
- 1 Bottle testing solution (exp. _____)
- Glucometer Log (minimum of 1 time/week testing)

Medications

(See medication list for the appropriate level)

Signature: _____ **Date:** _____

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

BLS Medication List

BLS Medications – *Minimum Requirements*

<i>Unit Stock</i>	<i>Medication</i>	<i>Supplied</i>	<i>Expiration Date(s)</i>
5	Albuterol (Proventil)	2.5mg/3mL unit dose	1. 2. 3. 4. 5.
1	Aspirin (ASA)	1 bottle – 81mg chewable tablets	
1	Epi-Pen Auto-injector	0.3mg pre-filled injector	
1	Glucagon	1mg & diluent unit dose	
1	Nitroglycerin (NTG) Spray	1 bottle – 0.4mg metered dose	
3	Oral Glucose	15g tube	1. 2. 3.

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

PAEMS ILS Ambulance Supply List

(Use in conjunction with IDPH Ambulance Inspection Form
& PAEMS Ambulance Supply List)

Airway Bag

- 1 Pair Magill forceps
- 1 Laryngoscope handle
- 1 (each size 1-4) Laryngoscope blade – straight
- 1 (each size 1-4) Laryngoscope blade – curved
- 1 (each size 6.0-8.5) Cuffed endotracheal tubes
- Spare laryngoscope handle batteries
- 1 10mL syringe
- 1 Adult end-tidal CO₂ detector
- 1 Adult commercial ETT holder
- 1 Adapter for ETT Albuterol administration

*One of the two required Combi-Tubes must be in the airway bag

IV Therapy Equipment – Drug Box

- 2 (Each size 22g – 14g) IV catheters
- 2 Saline locks
- 5 (2-3mL) Pre-filled saline flushes
- 1 Tubex syringe
- 5 (18g & 25g) Hypodermic needles
- 10 Alcohol preps
- 5 Veniguards
- 2 (10gts) IV tubing
- 2 (1000mL Bags) .9% Normal Saline
- 10 2x2s (or 4x4s)
- 4 Tourniquets
- 1 Roll of tape

IV Therapy Equipment – Vehicle

- 2 (Each size 22g – 14g) IV catheters
- 2 Saline locks
- 5 (2-3mL) Pre-filled saline flushes
- 1 Tubex syringe
- 5 (18g & 25g) Hypodermic needles
- 10 Alcohol preps
- 10 Veniguards
- 4 (10gts) IV tubing
- 4 (1000mL Bags) .9% Normal Saline
- 10 2x2s (or 4x4s)
- 4 Tourniquets

Monitoring Equipment

- Cardiac monitor/defibrillator w/ screen and printing capability; 12-Lead acquisition and transmission capabilities (in place of AED)
- 1 Set of pediatric defibrillation pads (required)
(exp. _____)

Other Equipment

- 2 (1mL) syringes (in vehicle & drug box)
- 2 (3mL) syringes (in vehicle & drug box)
- 2 (10mL) syringes (in vehicle & drug box)
- 1 (30mL) syringe (vehicle)
- 1 (60mL) syringe (vehicle)

Medications

(See ILS Medication List)

Signature: _____

Date: _____

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

ILS Medication List

ILS Medications – *Minimum Requirements*

<i>Unit Stock</i>	<i>Medication</i>	<i>Supplied</i>
3	Adenocard (Adenosine)	6mg/2mL vial
5	Albuterol (Proventil)	2.5mg/3mL unit dose
1	Aspirin (ASA)	1 bottle – 81mg chewable tablets
3	Atropine	1mg/10mL pre-filled syringe
2	Dextrose 50% (D50)	25g/50mL pre-filled syringe
6	Epinephrine 1:10,000	1mg/10mL pre-filled syringe
1	Epi-Pen Auto-injector	0.3mg pre-filled injector
1	Glucagon	1mg & diluent unit dose
4	Lasix (Furosemide)	40mg/4mL pre-filled syringe (or vial)
4	Lidocaine	100mg/5mL pre-filled syringe
2	Narcan (Naloxone)	2mg/1mL ampule
1	Nitroglycerin (NTG) Spray	1 bottle – 0.4mg metered dose
<i>Controlled Substance Container</i>		
2	Valium (Diazepam)	10mg/2mL tubex

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

PAEMS ALS Ambulance Supply List

(Use in conjunction with IDPH Ambulance Inspection Form
& PAEMS Ambulance Supply List)

Airway Bag

- 1 Pair adult Magill forceps
- 1 Pair pediatric Magill forceps
- 1 Large laryngoscope handle
- 1 Small (pediatric) laryngoscope handle
- 1 (Each size 1-4) laryngoscope blade – straight
- 1 (Each size 1-4) laryngoscope blade – curved
- 1 (Each size 6.0-8.5) cuffed endotracheal tubes
- 1 (each size 2.5-5.5) un-cuffed ET tubes
- Spare laryngoscope handle batteries
- 1 10mL syringe
- 1 Adult end-tidal CO₂ detector
- 1 Pediatric end-tidal CO₂ detector
- 1 Commercial adult ETT holder
- 1 Commercial pediatric ETT holder
- 1 Adapter for ETT Albuterol administration
- 1 CPAP circuit
- 1 CPAP flow generator
- 1 Salem sump tube (18F)
- 1 Catheter tip syringe (60mL)

*One of the two required Combi-Tubes must be in the airway bag

IV Therapy Equipment – Drug Box

- 2 (Each size 22g – 14g) IV catheters
- 2 Saline locks
- 5 (2-3mL) Pre-filled saline flushes
- 1 Tubex syringe
- 5 (18g & 25g) Hypodermic needles
- 10 Alcohol preps
- 5 Veniguards
- 2 (10gtts) IV tubing
- 2 (1000mL bags) .9% Normal Saline
- 1 (60gtts) IV tubing
- 10 2x2s (or 4x4s)
- 4 Tourniquets
- 1 Roll of tape

Signature /

Date: _____

IV Therapy Equipment – Vehicle

- 4 (Each size 22g – 14g) IV catheters
- 2 Saline locks
- 5 (2-3mL) Saline flushes
- 2 Tubex syringes
- 5 (18g & 25g) Hypodermic needles
- 10 Alcohol preps
- 10 Veniguards
- 4 (10gtts) IV tubing
- 4 (1000mL Bags) .9% Normal Saline
- 1 (60 gtts) IV tubing
- 10 2x2s (or 4x4s)

Monitoring Equipment

- Cardiac monitor/defibrillator w/ screen and printing capability; 12-Lead acquisition and transmission capabilities; Pacing capability; Synchronized cardioversion capability (in place of AED)

Other Equipment

- 2 (1mL) syringes (in vehicle & drug box)
- 2 (3mL) syringes (in vehicle & drug box)
- 2 (10mL) syringes (in vehicle & drug box)
- 1 (30mL) syringe (vehicle)
- 1 (60mL) syringe (vehicle)
- 1 Chest decompression kit with valve device
- 1 Jamshidi IO needle (drug box)
- 1 EZ-IO drill
- 2 Adult (15g, 25mm) EZ-IO needles
- 2 Pediatric (15g, 15mm) EZ-IO needles
- 1 Spare CPAP circuit (vehicle)
- 1 Spare Salem sump tube (18F) (vehicle)
- 5 NTG papers for Nitro-Bid application

Medications

(See ALS Medication List)

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

ALS Medication List

ALS Medications – Minimum Requirements

<i>Unit Stock</i>	<i>Medication</i>	<i>Supplied</i>
3	Adenocard (Adenosine)	6mg/2mL vial
5	Albuterol (Proventil)	2.5mg/3mL unit dose
1	Aspirin (ASA)	1 bottle – 81mg chewable tablets
3	Atropine	1mg/10mL pre-filled syringe
5	Atrovent (Ipratropium)	0.5mg/2.5mL unit dose
2	Benadryl (Diphenhydramine)	50mg/1mL pre-filled syringe
2	Dextrose 50% (D50)	25g/50mL pre-filled syringe
1	Dopamine	400mg/250mL in D5W
2	Epinephrine 1:1000	1mg/1mL ampule
6	Epinephrine 1:10,000	1mg/10mL pre-filled syringe
1	Glucagon	1mg & diluent unit dose
4	Lasix (Furosemide)	40mg/4mL pre-filled syringe (or vial)
4	Lidocaine	100mg/5mL pre-filled syringe
2	Narcan (Naloxone)	2mg/1mL ampule
1	Nitroglycerin (NTG) Spray	1 bottle – 0.4mg metered dose
5	Nitropaste (Nitro-Bid)	1 inch pre-measured foil packet
1	Phenergan (Promethazine)	25mg/2mL ampule
2	Sodium Bicarbonate	50 mEq/50mL pre-filled syringe
<i>Controlled Substance Container</i>		
1	Fentanyl	100mcg/2mL vial
1	Morphine	10mg/1mL tubex
2	Versed (Midazolam)	5mg/5mL vial

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 Emergency Medical Systems and Highway Safety
 500 E. Monroe Street, Springfield, IL 62701

AMBULANCE INSPECTION FORM

REGION # _____ PROVIDER # _____ VEHICLE # _____

PROVIDER NAME: _____ LICENSE #: _____ - _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____

VEHICLE ADDRESS: _____ CITY: _____ VIN#: _____

BLS B/D ILS ALS LOCAL I.D. _____ EMS SYSTEM # _____ SAFETY STICKER DATE _____ MERCI UNIT I.D.: _____

INITIAL ANNUAL SYSTEM PROVIDER/SELF REINSPECTION COMPLAINT OTHER (SEE COMMENTS SECTION) COMMENT SHEET ATTACHED

ISSUE LICENSE REINSPECTION REQUIRED (NON-LIFE THREATENING EQUIPMENT PROBLEMS) ADVISORY: DO NOT OPERATE UNTIL REPAIRED AND REINSPECTED

LEGAL ACTION REQUIRED: A CONDITION HAS BEEN IDENTIFIED THAT COULD RESULT IN HARM TO THE PUBLIC. THIS VEHICLE SHOULD BE REMOVED FROM SERVICE UNTIL ALL CORRECTIONS ARE MADE, THE VEHICLE IS REINSPECTED, AND MEETS EMS ACT'S REQUIREMENTS (SEE INSPECTION COMMENT FORM.)

- [1] WHEELED MULTI-LEVEL COT
W/3 SETS OF STRAPS + OVER-SHOULDER STRAPS
- [2] 3-POINT FASTENER FOR COT
- [3] COT FITS SECURELY IN FASTENER
- [4] SECONDARY STRETCHER W/ 3 SETS OF STRAPS

ON-BOARD OXYGEN EQUIPMENT

- [5] CYLINDER IS NOT EMPTY
- [6] DELIVERY TUBES
- [7] 1 ADULT, CHILD, INFANT MASKS
- [8] 3 NASAL CANNULA

PORTABLE OXYGEN EQUIPMENT

- [9] FULL PRIMARY CYLINDER
MINIMUM SIZE "D"
- [10] DIAL FLOWMETER/REGULATOR
FOR 15 LPM
- [11] DELIVERY TUBES
- [12] 1 ADULT, CHILD, INFANT MASKS
- [13] FULL, SPARE CYLINDER
- [14] QUICK RELEASE, CRASH-STABLE,
MOUNTING BRACKET FOR CYLINDERS
OR

- [15] QUICK RELEASE MOUNTING BRACKET IF STORED IN A SECURE COMPARTMENT

ON-BOARD SUCTION EQUIPMENT

- [16] OBTAINS 300MM WITHIN 4 SECONDS OF CLAMPING TUBING
- [17] HAS 10' TRANSPARENT NON-KINKING TUBING, 1/4" INSIDE DIAMETER
- [18] CAN ADJUST VACUUM LEVELS
- [19] COLLECTION BOTTLE HOLDS 1000ML
- [20] 3 STERILE, SINGLE-USE CATHETERS,
S 6-8F M 10-12F L 14-18F
- [21] 3 STERILE, SEMI-RIGID PHARYNGEAL SUCTION TIPS

PORTABLE SUCTION EQUIPMENT

- [22] OBTAINS 300mm WITHIN 4 SECONDS OF CLAMPING TUBING
- [23] TUBING IS TRANSLUCENT, NON-KINKING, NON-COLLAPSING
- [24] TUBING IS 1/4" INSIDE DIAMETER
- [25] 3 STERILE, SINGLE-USE CATHETERS
S 6-8F M 10-12F L 14-18F
- [26] 3 STERILE, SEMI-RIGID PHARYNGEAL SUCTION TIPS

COMMENTS:

- [27] GAS POWERED PORTABLE UNIT
MEETS ABOVE REQUIREMENT
- [28] CAPABLE OF CHARGING FROM
VEHICLE 12 VOLT SYSTEM AND 115 VOLT AC
- [29] OPERATES FROM INTERNAL RECHARGEABLE BATTERY SUPPLY
- [30] OPERATES FOR 20 CONTINUOUS MINUTES (PERFORM IF BATTERY SOUNDS WEAK) **OR**
- [31] MANUALLY OPERATED SUCTION DEVICE (IDPH APPROVED)

MEDICAL EQUIPMENT

- [32] ADULT SQUEEZE BAG-VALVE-MASK BAG WITH ADULT AND CHILD MASKS
- [33] CHILD SQUEEZE BAG-VALVE-MASK WITH INFANT AND CHILD MASKS
- [34] TRACTION SPLINT, ADULT
- [35] TRACTION SPLINT, PEDIATRIC
- [36] ADULT BLOOD PRESSURE CUFF/GAUGE
- [37] CHILD BLOOD PRESSURE CUFF/GAUGE
- [38] INFANT BLOOD PRESSURE CUFF/GAUGE
- [39] STETHOSCOPE - 2
- [40] LONG SPINE BOARD (ADULT) WITH 3 SETS OF STRAPS
- [41] SHORT SPINE BOARD (32" x 16" MINIMUM) W/2 9" STRAPS **OR** VEST TYPE (WRAP AROUND) DEVICE
- [42] AIRWAY, OROPHARYNGEAL (ADULT, CHILD, INFANT)
- [43] AIRWAY, NASOPHARYNGEAL WITH LUBRICATION, SIZES 12 - 30F
- [44] BANDAGE SHEARS
- [45] EXTREMITY SPLINTS, ADULT, 2 - LONG 2 - SHORT
- [46] EXTREMITY SPLINTS, PEDIATRIC, TWO LONG AND SHORT

RIGID CERVICAL COLLARS, ONE EACH:

- [47] INFANT AND PEDI ATRIC
- [48] SMALL
- [49] MEDIUM (MAYBE MULTISELECT)
- [50] LARGE
- [51] RESTRAINTS, ARM AND LEG

MEDICAL SUPPLIES

- [52] TRAUMA DRESSINGS, 6
- [53] STERILE GAUZE PADS, 4"x4", 20 OR 4 PACKS
- [54] BANDAGES, SOFT, ROLLER, SELF ADHERING, 4" x 5 YD OR MAY BE VARIOUS SIZES - 10
- [55] VASELINE GAUZE, 3" x 8", 2
- [56] ADHESIVE TAPE ROLLS, 2

- [57] TRIANGULAR BANDAGES OR SLINGS, 5
- [58] BURN SHEETS, CLEAN AND INDIVIDUALLY WRAPPED - 2
- [59] STERILE SOLUTION, 2,000cc, PLASTIC BOTTLES OR BAGS
- [60] ALUMINUM FOIL WITH HEAD COVER OR SILVER SWADDLER WITH HOOD
- [61] OBSTETRICAL KIT, STERILE
- [62] COLD PACKS - 3
- [63] EMESIS BASIN
- [64] DRINKING WATER, 1 QUART, STERILE WATER OR DRINKING WATER
- [65] AMBULANCE EMERGENCY RUN REPORTS, 10, WITH DATA AS OUTLINED IN 515.APPENDIX E
- [66] PILLOWS - 2
- [67] PILLOWCASES - 2
- [68] SHEETS - 2
- [69] BLANKETS - 2
- [70] CPR MASK WITH SAFETY VALVE
- [71] URINAL - 1
- [72] BEDPAN - 1
- [73] NONPOROUS DISPOSABLE GLOVES
- [74] IMPERMEABLE RED, BIOHAZARD LABELED, ISOLATION BAGS
- [75] FACE PROTECTION, MASKS/EYE PROTECTION AND/OR FIELD SHIELDS
- [76] CHILD/INFANT CAR SEAT
- [77] PEDS EQUIPMENT/DRUG DOSAGE SIZING TAPE **OR**

- [78] PEDIATRIC EQUIPMENT/DRUG AGE/WEIGHT CHART (PAPER OR PEDI WHEEL)
- [79] PEDIATRIC TRAUMA SCORE REFERENCE
- [80] POISON CONTROL PHONE NUMBER
- [81] PLASTIC BABY BOTTLE W/NIPPLE
- [82] FLASHLIGHT, BATTERY OPERATED - 2
- [83] AMBULANCE TO HOSPITAL RADIO TESTED AND WORKING (MERC)

EXTRICATION EQUIPMENT

- [84] WRECKING BAR 24"
- [85] GOGGLES - 2
- [86] FIRE EXTINGUISHERS, 5 LB ABC - 2

GENERAL OBSERVATIONS

- [87] PATIENT AREA IS CLEAN
- [88] EQUIPMENT IS SECURED IN PATIENT AREA

As Owner/Representative, I agree to provide ambulance service in compliance with the Emergency Medical Services Act's Rules and Regulations, 24 hours a day, every day of the year. I agree to provide emergency service within my service area on a per need basis without regard to the patient's ability to pay.

I hereby certify I have inspected this vehicle, that it meets all federal specifications, contains all the supplies and equipment listed on the IDPH Ambulance Inspection Form and the vehicle and equipment is in working order.

PRE-HOSPITAL CARE PROVIDER/OWNER OR REPRESENTATIVE - SIGNATURE AND TITLE

IDPH REPRESENTATIVE - SIGNATURE AND TITLE

EMS SYSTEM REPRESENTATIVE - SIGNATURE AND TITLE

INSPECTION DATE

VEHICLE EQUIPMENT

Item Name	Description and Quantity
Warning Lights	Emergency warning beacon, visible 360 degrees, as permitted by M.G.L c.90, s.7, or as required under KKK-A-1822 and any amendments thereto.
Audible Warning Devices	A siren, audible 500 feet to the front.
Maps	Street directories and road maps for primary and backup areas served.
Fire Extinguishers	Two (2) adequately charged fire extinguisher, five (5) pound CO2 or dry powder, Underwriter's Laboratory approved. One of which shall be mounted in the patient compartment.
	One (1) adequately charged fire extinguisher, five (5) pound CO2 or dry powder, Underwriter's Laboratory approved.
Hand lights	Two (2) 6-volt hand lights, bulb type, or two bulb type hand lights with rechargeable battery of 4.5 volts minimum.
Chock Blocks	Two (2) vehicle chock block.
Road reflectors	Six (6) DOTs approved triangular reflectors, or equivalent.
Hazardous Material Guidebooks	<ul style="list-style-type: none"> • One (1) U.S Department of Transportation Emergency Response Guidebook, current edition; • One (1) National Institute of Occupational Health and safety (NIOSH) Pocket Guide to Chemical Hazards, current edition.
Binoculars	One(1) pair of binoculars minimum 7 x 35 mm.
Triage Tags	Twenty Five (25) triage tags.
Protective Equipment	Personal protective equipment adequate to safeguard crew from anticipated exposures as defined by the licensee.
Reflective Garment	One (1) set reflective vest or reflective garment, or equivalent, per crew member
Protective Masks	Two (2) respirators, conforming to OSHA Blood bore Pathogens Standard 29 CFR 1910.1030(HEPA).

Specifications for vehicle/ambulance

1. General specification :

- 1.1. The purchaser requires ambulances for providing pre hospital care at the level of Advanced Life Support to the accident and trauma patients. Finished version of the ambulance will have to have adequate space in the Patient Cabin, where apart from positioning of patient in comfortable position, a number of medical and communication equipment shall need to be fixed. The purchaser shall supply the medical items and medical equipments. Besides the patient and the equipments, the Patient Cabin should have enough space to accommodate two paramedics for care of the patient. The ambulance shall be suitable for continuous running /operation under prevailing environment and road conditions in Delhi.
- 1.2. The vehicles shall fully comply with the stipulated requirements enforced by the Government of India i.e. Central Motor Vehicle Rules (latest) as applicable. A certificate of compliance to CMVR, road worthiness, test certificate and type test certificates (including performance, safety, stability aspects etc.) for the chassis /fully built up ambulance from Automotive Research Association of India (ARAI) shall be furnished by the tenderers.

2. Technical Specifications :

2.1 Patient Cabin will need to provide:

- a) Enough space for positioning of patient not less than 6'2".
- b) Storage space for keeping medical equipment and consumables required for Advanced Life Support services The details of equipments and accessories are as given above
- c) Demarked area for placement of stretcher ensuring no twisting of patient takes place while opening or closing of the doors.
- d) Sitting space for at-least two persons one of whom may be paramedic.
- e) The selected tenderers shall be required to satisfy the purchaser that the Patient Cabin provided in the ambulances to be supplied to the

CATS meets the above requirements in respect of length, width and height of the patient Cabin.

- 2.2. The power supply arrangement in the ambulance should be adequate to sustain the requirements of normal lights as per the requirements of Motor Vehicle Rules and in addition must cater to the needs for internal lighting within cabin area, air-conditioning and functionally of medical and communication equipments.
- 2.3 Horse power: 80 (minimum). The prime mover shall be at least four cylinders of Diesel/Petrol engine, water cool and developing adequate horsepower at rated speed to take full load of ambulance fitted with medical equipments, communication equipments including telemedicine equipments (mentioned in annexure "A" & "B") and accessories. The engine shall be provided with direct electric 12 volt starting, 12 volt battery, alternator, fuel injection pump, lubricating oil pump, oil filter, Air Filter and oil pump etc..
- 2.4 Enhanced suspension system keeping in view local road conditions, ensuring smooth ride for the patient, minimal vibration to the sophisticated electro-magnetic equipments.
- 2.5 Ensuring proper arrangement for power supply exists in the ambulance. Power supply should be adequate to sustain simultaneous functioning of air conditioning unit, electro-magnetic equipment and normal lighting within the patient cabin.
- 2.6 The bidder shall furnish the detailed specifications of engine, clutch, transmission, steering, suspensions, brakes, wheels and tyres, electric systems, fuel tank, dimensions, weight etc.