County of Orange/Health Care Agency Emergency Medical Services 405 W. Fifth Street #301, Santa Ana Ca 92701 Public Safety Ground Ambulance Service Vehicle Inspection Form

ATTACHMENT OCEMSP/P #725.00

Authority	: Healt	th and Safety Code
		COMPANY DATA
Public S	afety Ar	mbulance Service: Date of Inspection:
Represe	ntative:	EMS Inspector:
		VELUOLE DATA
		VEHICLE DATA
□ New l	Jnit	☐ Compliance Monitoring ☐ Unit Replacing
Vehicle I	Descrip	otion Year/Make/
	- 000p	······································
		Vehicle License# Public Safety Unit#
		SECTION A: AMBULANCE DESIGN
COMP	DNC	ITEMS TO BE CHECKED
		Rear loading door clearance not less than 46"
		2. "Ambulance" on front or both sides
		3. Seat belts (patient compartment)
		4. Medical equipment/supplies stored for ready access in patient compartment
		5. Heating and air conditioning units operational in patient compartment
		6. Gasket around all doors
		7. Patient compartment sufficient size to comply with Section 300 A.1.a.b. & c
		8. Ambulance equipment in clean, good working order SECTION B: VEHICLE MEDICAL EQUIPMENT
	1	1. 1-H, M, or equivalent 0-2 cylinder for wall mount outlet
		1-Oxygen wall mount outlet
		1- Disposable, single use humidifier (Optional)
		4. 2-E size or 4-D size 0-2 cylinders, with 0-2 PSI levels at regulation specs
		1-Oxygen powered resuscitator with demand valve delivery mechanism (BVM pediatric infant adult)
		6. 1-Oxygen tank wrench
		7. Clear plastic 0-2 administration masks: 6 each (adult, child,) (infant optional)
		Clear plastic nasal cannulas: 4 adult, 2 child
		9. 1-Portable suction device
		10. 1-Installed suction device, meeting regulation specs
		11. Suction catheters, 2 of each size: 10, 14, 18 FR, with Venturi valves
		12. 2-Rigid pharyngeal suction tips
		13. 1-Cervical collar, rigid type, each size: Peds, small, medium, large or 4 multi-size adjustables
		14. 35-4" x 4" gauze sponges
		15. 2-Petroleum treated gauze dressings
		16. 4-Cold packs
		17. 2-Heat packs (optional) If placed on unit to read less than 110°
		18. 4-Surgical masks
		19. 4-Pair disposable gloves
		20. 4-Pair protective eye goggles
□ Vehi	icle in c	SECTION C: INSPECTION RESULTS compliance □ Vehicle not in compliance
Correctiv	e Actio	on
Signatur	e of Am	nbulance Rep. Position Date Signature of EMS Inspector Date