



Provider _____ License No. _____

Garage Address _____

Vehicle ID Number _____ Region 11 System: North South Central West

Inspection Type: Annual System Modification New Non-Transport Inspected By _____

Inspection Date _____ Inspection Status (Pass or Fail) _____

Region 11 EMS system approved medication and equipment for BLS Ambulances, to be used with the IDPH Inspection Form for BLS required equipment.

Medications				
Drug Name	Concentration	# Required	# Present	Expiration Date
Albuterol, 0.083%, Inhalation, Vial	2.5 mg / 3 ml	3		
Aspirin, Chewable, Bottle	81 mg	1		
Glucose Gel (Glucose 15), Oral, Tube	Net weight of gel 37.5 grams	1		
Ipratropium bromide (Atrovent), Inhalation, Vial	0.5 mg / 3 ml	2		
Naloxone (Narcan), Injection, Prefilled Syringe	2 mg / 2 ml	2		
Region 11 Approved Intramuscular (IM) Epinephrine Kit (containing at minimum): 2 – Epinephrine (Adrenalin), 1:1,000 (1.0 mg/ml), vial 2 – 23-gauge needles (1 inch) 2 – Syringes, 1ml 2 – Alcohol wipes 2 – Packages of 2X2 gauze bandages 2 – Band-Aids 1 – Measuring tape device 1 – Pouch or small bag/container to hold kit contents	1:1,000 (1 mg / ml)	1		

Airway & Ventilation Equipment

i-gel Supraglottic Airway, Size 1 (Neonate)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway, Size 1.5 (Infant)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway, Size 2 (Pediatric - Small)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway, Size 2.5 (Pediatric - Large)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway O2 Resus Pack, Size 3 (Adult-Small)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway O2 Resus Pack, Size 4 (Adult-Medium)	Qty 1	<input type="checkbox"/>
i-gel Supraglottic Airway O2 Resus Pack, Size 5 (Adult-Large)	Qty 1	<input type="checkbox"/>
Water based lubricant (single packet)	Qty 4	<input type="checkbox"/>
Nasal Cannula, Adult	Qty 3	<input type="checkbox"/>
Nasal Cannula, Pediatric	Qty 3	<input type="checkbox"/>
Non-Rebreather Mask, Adult	Qty 2	<input type="checkbox"/>
Non-Rebreather Mask, Pediatric	Qty 2	<input type="checkbox"/>
Simple Face Mask, Infant	Qty 2	<input type="checkbox"/>
Portable Oxygen Cylinder (Size D or E)	Qty 4	<input type="checkbox"/>
Oxygen Regulator Seal (O-Ring)	Qty 1	<input type="checkbox"/>
Adaptor for Oxygen Tubing	Qty 2	<input type="checkbox"/>
Oxygen Tank Key	Qty 1	<input type="checkbox"/>
Nebulizer (Acorn Type), with T-Piece Adapter, Oxygen Tubing, Mouthpiece and Flextube	Qty 2	<input type="checkbox"/>
Aerosol Mask, Adult (for nebulization)	Qty 1	<input type="checkbox"/>
Aerosol Mask, Pediatric (for nebulization)	Qty 1	<input type="checkbox"/>
Viral/Bacterial Filter (22mm x 15mm / 22mm OD)	Qty 2	<input type="checkbox"/>

Assessment Equipment

Blood Pressure Cuff, Large Adult	Qty 1	<input type="checkbox"/>
Pediatric Stethoscope	Qty 1	<input type="checkbox"/>
Disposable Razor	Qty 2	<input type="checkbox"/>
Glucometer with lancets, alcohol swabs, test strips, band-aids	Qty 1	<input type="checkbox"/>
Pulse Oximetry with Adult and Pediatric Sensors	Qty 1	<input type="checkbox"/>
Zoll Adult CPR Stat Padz	Qty 2	<input type="checkbox"/>
Zoll Pedi-padz II (Pediatric AED)	Qty 1	<input type="checkbox"/>

Trauma Equipment

Elastic Bandages, 4" (ACE Wrap)	Qty 2	<input type="checkbox"/>
Elastic Bandages, 6" (ACE Wrap)	Qty 2	<input type="checkbox"/>
Tourniquet - CAT	Qty 2	<input type="checkbox"/>
Long Spine Board, with 3 sets of torso straps	Qty 2	<input type="checkbox"/>
Triage Tags (Disaster Tags), SMART, package	Qty 1	<input type="checkbox"/>
Region 11 Modified START/JumpSTART Triage Algorithm Card (current version: 2020)	Qty 1	<input type="checkbox"/>

Medication Administration Equipment

Mucosal Atomization Device (MAD)	Qty 2	<input type="checkbox"/>
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Obstetric & Pediatric Equipment

Gloves, Sterile, Pair, Size 7 or 7.5	Qty 1	<input type="checkbox"/>
Gloves, Sterile, Pair, Size 8 or 8.5	Qty 1	<input type="checkbox"/>
Silver Swaddler or baby bunting mylar blanket	Qty 1	<input type="checkbox"/>

Personal Protective Equipment (PPE)

Isolation Gowns, Long Sleeve	Qty 2	<input type="checkbox"/>
N-95 Masks, NIOSH Approved	Qty 2	<input type="checkbox"/>

Infection Control Equipment

BioHazard Bag	Qty 1	<input type="checkbox"/>
Paper Towels, roll or package of C-fold type	Qty 1	<input type="checkbox"/>
Hand Sanitizer	Qty 1	<input type="checkbox"/>
Topical Germicide, bottle	Qty 1	<input type="checkbox"/>

Patient Transport Equipment

Chair Stretcher, with 3 sets of straps	Qty 1	<input type="checkbox"/>
Scoop Stretcher, including manufacturer required safety restraints	Qty 1	<input type="checkbox"/>

Communication Equipment

Cellular Telephone	Qty 1	<input type="checkbox"/>
Electronic Patient Care Report Documentation Device	Qty 1	<input type="checkbox"/>
Paper Documentation Back-Up (Region 11 EMS approved form)	Qty 10	<input type="checkbox"/>
UHF Portable Radio with Carrying Case and Remote Speaker / Microphone	Qty 1	<input type="checkbox"/>

Other Equipment

Body Bag, disposable	Qty 1	<input type="checkbox"/>
Convenience Bags OR Emesis Basin	Qty 6	<input type="checkbox"/>
Facial Tissue, box	Qty 1	<input type="checkbox"/>
Medication Administration Cross Check (MACC) Card (current version: 2022)	Qty 1	<input type="checkbox"/>
Region 11 EMS Protocols, Policies and Procedures - Electronic Access	Qty 1	<input type="checkbox"/>

By signing my name below, I have inspected the items above, verified they are present and are not expired (if the item has an expiration date) on this date:
