Region 11 EMS
EMS Medical Directors Consortium

Emergency Medical Services (EMS) System
Region 11 BLS Ambulance Inspection Form

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.

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

Updated: August 1, 2022
### Airway & Ventilation Equipment
- i-gel Surpraglottic Airway, Size 1.5 (Infant) Qty 1 □
- i-gel Surpraglottic Airway, Size 2 (Pediatric - Small) Qty 1 □
- i-gel Surpraglottic Airway, Size 2.5 (Pediatric - Large) Qty 1 □
- i-gel Surpraglottic Airway Resus Pack, Size 3 (Adult-Small) Qty 1 □
- i-gel Surpraglottic Airway Resus Pack, Size 4 (Adult-Medium) Qty 1 □
- i-gel Surpraglottic Airway Resus Pack, Size 5 (Adult-Large) Qty 1 □
- Water based lubricant (single packet) Qty 4 □
- Nasal Cannula, Adult Qty 3 □
- Nasal Cannula, Pediatric Qty 3 □
- Non-Rebreather Mask, Adult Qty 2 □
- Non-Rebreather Mask, Pediatric Qty 2 □
- Simple Face Mask, Infant Qty 2 □
- Portable Oxygen Cylinder (Size D or E) Qty 4 □
- Oxygen Regulator Seal (O-Ring) Qty 1 □
- Adaptor for Oxygen Tubing Qty 2 □
- Oxygen Tank Key Qty 1 □
- Nebulizer (Acorn Type), with T-Piece Adapter, Oxygen Tubing, Mouthpiece and Flextube Qty 2 □
- Aerosol Mask, Adult (for nebulization) Qty 1 □
- Aerosol Mask, Pediatric (for nebulization) Qty 1 □
- Viral/Bacterial Filter (22mm x 15mm / 22mm OD) Qty 2 □

### Assessment Equipment
- Blood Pressure Cuff, Large Adult Qty 1 □
- Pediatric Stethoscope Qty 1 □
- Disposable Razor Qty 2 □
- Glucometer with lancets, alcohol swabs, test strips, band-aids Qty 1 □
- Portable Pulse Oximeter Qty 1 □

### Trauma Equipment
- Elastic Bandages, 4" (ACE Wrap) Qty 2 □
- Elastic Bandages, 6" (ACE Wrap) Qty 2 □
- Tourniquet - CAT Qty 2 □
- Long Spine Board, with 3 sets of torso straps Qty 2 □
- Triage Tags (Disaster Tags), SMART, package Qty 1 □

### Medication Administration Equipment
- Mucosal Atomization Device (MAD) Qty 2 □

### Obstetric & Pediatric Equipment
- Gloves, Sterile, Pair, Size 7 or 7.5 Qty 1 □
- Gloves, Sterile, Pair, Size 8 or 8.5 Qty 1 □
- Silver Swaddler (or) Baby Bunting Qty 1 □

### Personal Protective Equipment (PPE)
- Isolation Gowns, Long Sleeve Qty 2 □

### Infection Control Equipment
- BioHazard Bag Qty 1 □
- Paper Towels, roll or package of C-fold type Qty 1 □
- Hand Sanitizer Qty 1 □
- Topical Germicide, bottle Qty 1 □

### Patient Transport Equipment
- Chair Stretcher, with 3 sets of straps Qty 1 □
- Scoop Stretcher, including manufacturer required safety restraints Qty 1 □

### Communication Equipment
- Cellular Telephone Qty 1 □
- Electronic Patient Care Report Documentation Device Qty 1 □
- Paper Documentation Back-Up (Region 11 EMS approved form) Qty 10 □
- UHF Portable Radio with Carrying Case and Remote Speaker / Microphone Qty 1 □

### Other Equipment
- Body Bag, disposable Qty 1 □
- Convenience Bags OR Emesis Basin Qty 6 □
- Facial Tissue, box Qty 1 □
- Region 11 EMS Protocols, Policies and Procedures - Electronic Access Qty 1 □

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:

______________________________

Updated: August 1, 2022