



# Emergency Medical Services (EMS) System Region 11 BLS Non-Transport Inspection Form E

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 crisis and opioid response teams, to be used with the IDPH Non-Transport 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):<br>2 – Epinephrine (Adrenalin), 1:1,000 (1.0 mg/ml), vial<br>2 – 23-gauge needles (1 inch)<br>2 – Syringes, 1ml<br>2 – Alcohol wipes<br>2 – Packages of 2X2 gauze bandages<br>2 – Band-Aids<br>1 – Measuring tape device<br>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"/> |
| Thermometer  | 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"/> |
| Hyfin Vented Chest Seal - twin pack                            | Qty 1 | <input type="checkbox"/> |
| Pressure Dressing - Emergency (Israeli) Bandage, 6"            | Qty 2 | <input type="checkbox"/> |
| Pressure Dressing - Emergency Trauma Dressing (ETD), 4"        | Qty 2 | <input type="checkbox"/> |
| Tourniquet - CAT   | Qty 2 | <input type="checkbox"/> |
| Quickclot EMS Rolled Gauze Hemostatic Dressing or Combat Gauze | 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 **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 mylar blanket Qty 1 **Personal Protective Equipment (PPE)**Isolation Gowns, Long Sleeve Qty 2 N-95 Masks, NIOSH Approved 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 **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 Medication Administration Cross Check (MACC) Card (current version: 2022) 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:**

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