



Region 11 EMS
EMS Medical Directors Consortium

Emergency Medical Services (EMS) System Region 11 ALS Non-Transport Inspection Form G

Provider _____ License No. _____

Garage Address _____

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

Inspection Type: ☐ Annual ☐ System Modification ☐ New Vehicle Inspected By _____

Inspection Date _____ Inspection Status (Pass or Fail) _____

Region 11 EMS Systems approved medication and equipment for Paramedic Field Chief vehicles, to be used with the IDPH Non-Transport Inspection Form for BLS required equipment

Medications				
Medication Name	Concentration	# Required	# Present	Expiration Date
Albuterol, 0.083%, Inhalation, Vial	2.5 mg / 3 ml	3		
Hydroxocobalamin (Cyanokit), Infusion, Kit	5 g vial / 200 ml 0.9% Sodium Chloride	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 mg / 1 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 mg / 1 ml	1		

Airway & Ventilation Equipment

Aerosol Mask, Adult (for nebulization)	Qty 1	☐
Aerosol Mask, Pediatric (for nebulization)	Qty 1	☐
Nasal Cannula, Adult	Qty 3	☐
Nasal Cannula, Pediatric	Qty 3	☐

Assessment Equipment

Pulse Oximetry with Adult Sensor	Qty 1	☐
Masimo SET M-LNCS NeoPt-3 Neonatal Pulse Oximeter Adhesive Sensor	Qty 6	☐

Trauma Equipment

Hyfin Vented Chest Seal - twin pack	Qty 2	☐
10 Disaster Triage Tags (SMART), package	Qty 1	☐

Medication Administration Equipment

Mucosal Atomization Device (MAD)	Qty 2	☐
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Infection Control Equipment

Sharps Container, Puncture Resistant	Qty 1	☐
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Communication Equipment

Electronic Patient Care Report Documentation Device	Qty 1	☐
Electronic Documentation with Paper Back-Up (Region 11 EMS approved form)	Qty 10	☐

Other Equipment

Sudecon Wipes, Package	Qty 1	☐
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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:
