

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

Vehicle #

QRS Inspection Checklist

I. GENERAL INFORMATION:

Date Stickers: Yes _____ No _____
Decals: Yes _____ No _____

Name of QRS Agency: _____
Address: _____
(Primary Headquarters) City State Zip
License Plate # : _____ Year: _____ Make: _____ Model: _____
Vehicle Identification # (VIN): _____
Date Inspected: _____ Affiliate # : _____
Regional EMS Council: _____ Mileage: _____

II. DOCUMENTS/POLICIES/ETC.	PRESENT	DEFICIENT	CORRECTED
Personnel Roster			
Policy Statements - posted			
Documentation Requirements			
Patient Records Secured			
Medical Director's Agreement			
Recognition Displayed			
Current appropriate Statewide EMS Protocols			
Infection Control Plan			
III. VEHICLE/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
If vehicle - meets PA Vehicle Code 75 PA C.S.			
Current Vehicle Inspection			
Current Vehicle Insurance			
No Smoking /Oxygen Equipped Sign (1) in front			
Fasten Seat Belts Sign (1) in front			
Interior Requirements:			
Storage Cabinets for equipment or otherwise secured			
Bulky Items Secured			
Radio Equipment (meets regional comm. requirements)			
Comm. with PSAP and responding ambulances			
IV. MEDICAL SUPPLIES/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Current Version Statewide EMS Protocols			
Portable Suction Unit with wide bore tubing (1) (achieves 300mm/Hg in 4 sec.)			
Suction Catheters: (2 Pharyngeal -Sterile)			
Airways:			
Oropharyngeal (6 different sizes - to include one Pediatric size)			
Nasopharyngeal (5 different sizes with lubricating jelly to include one Pediatric size.)			
IV. MEDICAL SUPPLIES/EQUIPMENT (Cont)	PRESENT AND OPERATING	DEFICIENT	CORRECTED

Portable O2 cylinder with capacity of at least 300 Liters, with 500 psi Yoke Cylinder with minimum total pressure of 500 psi. Must be secured if stored in a vehicle			
Gauge/flow meter not gravity dependent and can deliver 0-25 liter per minute.			
Non-sparking wrench/tank opening device			
Secured in vehicle at all times			
Spare O2 Cylinder (Full-300L) (1)			
Secured in vehicle at all times			
Oxygen Delivery Devices:			
Nasal Cannulas (Adult - 1 each)			
High Concentration Masks (Adult, Infant and Pediatric- 1 each)			
Pocket Mask with One-Way Valve & O2 port (1)			
Bag Valve Mask Devices-(1)Adult & (1)Pedi (450-700cc) with Adult & Pedi mask			
Sphygmomanometer			
(Child, Adult & Thigh(Lg)-1 each or interchangeable cuffs)			
Stethoscope (Adult & Pediatric - 1 each)			
Penlight (1)			
Dressings:			
Multi-Trauma (10" x 30") (2)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (3" x 3") (12)			
Soft Self Adhering (4 rolls)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Regional Approved Triage Tags (20)			
Commercial Tourniquet (1)			
Immobilization Devices:			
Rigid/Semi Rigid Neck Immobilizers			
(S, M, L, & Pedi.-1 each or Multi -size (3 & 1 Pedi))			
Splinting Devices: (2) (1 for an arm, 1 for a leg)			
Triangular Bandages (4)			
Sterile Burn Sheets (4' x 4') (2)			
Blankets (2)			
Emergency Jump Kit (1)			
Instant Glucose (45 grams-40% dextrose-d-glucose gel)			
AED (with pads - Pedi not required)			
VI. PERSONAL PROTECTIVE EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
High-visibility safety apparel (1 per crew member)			
Helmet (1 per crew member)			
Eye Protection -Goggles (1 pair per crew member)			
Work Gloves (1 pair per crew member)			
DOT Emergency Response Guide (1) - Current Ed.			
VII. PERSONAL INFECTION PROTECTION EQ.	PRESENT	DEFICIENT	CORRECTED
Clear Eye Protection, disposable (1 per crew member)			
Face Mask (N-95 one per crew member)			
Gloves Patient Exam/ Treatment			

Biological Waste Container Per Infection Control Plan			
Hand Disinfectant/cleaner - Non-water (1 container)			
<p style="text-align: right;">Inspected By: _____ (Printed Name)</p> <p style="text-align: right;">Signature: _____</p> <p style="text-align: right;">Date Forwarded to BEMS: _____</p>			

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