

Number: BETP20211015-02829

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services

Bureau of EMS, Trauma & Preparedness

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VTESTING6V1

Expiration Date:

Vehicle Call Sign:

123

Vehicle Unit Number:

2

### ALS Vehicle Critical Equipment

#### Agency Information

\*Name of Agency:

Sample

\*Type of Inspection:

Sample

\*License Plate Number:

Sample

#### Vehicle Requirements

No.	Item	C	NC	NR
1	Access for Loading and Unloading Patient in Supine Position	C	NC	NR
2	Ambulance Cot with Straps and Means of Securing Cot	C	NC	NR
3	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
4	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
5	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
6	Flares or Equivalent Device (3)	C	NC	NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C	NC	NR
8	Vehicle Starts/Runs	C	NC	NR

#### Airway

No.	Item	C	NC	NR
9	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each)	C	NC	NR

10	End Tidal CO2 Detection Capability: Either Quantitative Capnography or Colorimetric – Adult (1)	C	NC	NR
11	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C	NC	NR
12	Laryngoscope Blades: Curved: Sizes 2, 3, or 4 (2); Straight: Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C	NC	NR
13	Laryngoscope Bulb, Batteries, and Handle (1 set)	C	NC	NR
14	Laryngoscope Handle (1) (Spare)	C	NC	NR
15	Magill Forceps: Adult & Pediatric (1 each)	C	NC	NR
16	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
17	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
18	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR
19	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C	NC	NR
20	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C	NC	NR
21	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C	NC	NR
22	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
23	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C	NC	NR
24	Suction On-Board with a Regulator	C	NC	NR
25	Suction Portable (Can be manually powered)	C	NC	NR
26	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C	NC	NR
27	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C	NC	NR
28	Tube Holder (1)	C	NC	NR

### Trauma - Bandaging

No.	Item	C	NC	NR
29	Arterial Tourniquet (commercial) (1)	C	NC	NR
30	Bandages - Triangular (4)	C	NC	NR
31	Band-Aids (assortment)	C	NC	NR
32	Burn Sheets - Sterile (2)	C	NC	NR
33	Dressing: Large Sterile Trauma (1)	C	NC	NR

34	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C	NC	NR
35	Gauze Bandages: Rolled (6)	C	NC	NR
36	Gauze Pads - 4" x 4" Sterile (12)	C	NC	NR
37	Scissors - Bandage/Trauma (1 pair)	C	NC	NR
38	Tape: Hypoallergenic (1 roll)	C	NC	NR

### Trauma - Splinting

No.	Item	C	NC	NR
39	Cervical Immobilizers: Infant, Child, Adult (2 each)	C	NC	NR
40	Head Immobilization Device (2) - Firm Padding or Commercial Device	C	NC	NR
41	Long Spine Immobilization Device (2) - Rigid Support	C	NC	NR
42	Short Spine Immobilization Device (1) - Rigid Support	C	NC	NR
43	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C	NC	NR
44	Traction Splinting Device (1)	C	NC	NR

### IV Requirements

No.	Item	C	NC	NR
45	14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression	C	NC	NR
46	Alcohol Wipes (12)	C	NC	NR
47	Extension Set (2)	C	NC	NR
48	Filter Needles	C	NC	NR
49	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
50	IO Supplies: Adult and Pediatric (1 each)	C	NC	NR
51	IV Solution and Supplies Secured	C	NC	NR
52	IV Administration Set: Macro Drip (4)	C	NC	NR
53	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C	NC	NR
54	IV Fluids: 3 Liters of Crystalloid Solution	C	NC	NR

**\*IV Fluids Filled by:**

Hospital  Wholesale

**\*Hospital or Wholesaler Name:**

Sample

**\*If Obtained through Wholesaler - Tracking Log?**

**\*First Expiration Date of Fluids:**

Sample

55	Needles - Various Sizes	C	NC	NR
56	Tourniquets (2)	C	NC	NR

**Drug Package**

No.	Item	C	NC	NR
57	Atomizer (1)	C	NC	NR
58	Drug Package in Climate Controlled Area	C	NC	NR
59	Drug Package Locked and Secured	C	NC	NR
60	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
61	Drug Package Sealed	C	NC	NR

**\*Hospital Filled By:**

Sample

**\*Date Filled:**

Sample

**\*Expiration Date:**

Sample

62	Drug Package that is not Expired	C	NC	NR
63	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
64	Nebulizer (1)	C	NC	NR
65	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

**Cardiac Monitor/Defibrillator**

No.	Item	C	NC	NR
66	12 Lead EKG	C	NC	NR
67	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C	NC	NR

**\*Type:**

Sample

**\*Serial Number:**

Sample

68	Defibrillation Pads (2 sets)	C	NC	NR
69	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR

70	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C	NC	NR
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**Miscellaneous - PPE & Other**

No.	Item	C	NC	NR
71	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
72	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
73	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
74	Flashlight (1)	C	NC	NR
75	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
76	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
77	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR
78	Reflective Safety Wear for each Crewmember	C	NC	NR
79	Sharps Container (Fixed) (1)	C	NC	NR
80	Sharps Container (Portable) (1)	C	NC	NR

**Miscellaneous - Patient**

No.	Item	C	NC	NR
81	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C	NC	NR
82	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C	NC	NR
83	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C	NC	NR
84	Child Restraint System-Size Appropriate (1)	C	NC	NR
85	Cold Packs (2)	C	NC	NR
86	Emesis Container (1)	C	NC	NR
87	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C	NC	NR
88	Heat Packs (2)	C	NC	NR
89	Infant Thermal Cap (1)	C	NC	NR

90	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C	NC	NR
91	Oral Glucose Solution (1)	C	NC	NR
92	Pillow (1)	C	NC	NR
93	Soft Restraints (May be cravats) (4)	C	NC	NR
94	Stethoscope (1)	C	NC	NR
95	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR
96	Towels (Adequate size for padding) (2)	C	NC	NR

### Miscellaneous - Other Health & Safety Concerns

#### Other Health and Safety Concerns

### MCA Approved Critical Equipment

#### MCA Approved Critical Equipment

No.	Item	C	NC	NR
97	CPAP/ BIPAP (1)	C	NC	NR
98	Gum Elastic Bougie (1)	C	NC	NR
99	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
100	Impedance Threshold Device (1)	C	NC	NR
101	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR
102	Trachea Hook (1)	C	NC	NR

### Instructions and Signature

#### Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

#### Instructions for Required Corrections

##### Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the

vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

#### Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

**Documentation of completed corrections may be faxed or emailed to MDHHS**

**Email: [FloryD@michigan.gov](mailto:FloryD@michigan.gov)**

**Fax: 517-335-9434**

#### Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

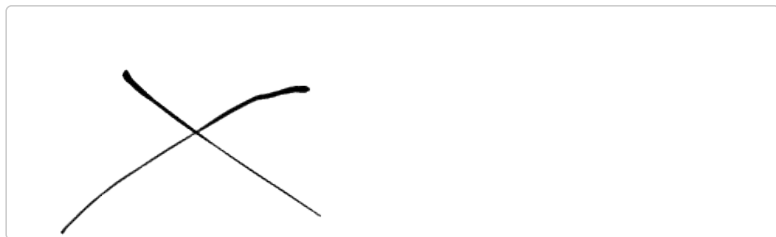
#### Comments:

**Passed**

**Total:** 0 deficiencies of 102 items

▼ Responsible Party Signoff

\*



\*First Name:

Sample

\*Last Name:

Sample

Certification Number: