

Number: BETP20260105-07710

Inspector: Derek Flory

Date: Jan 5, 2026



ENGLISH

Bureau of Emergency
Preparedness, EMS
and Systems of Care

Division of EMS and Systems of Care

P.O. Box 30207

Lansing, Michigan 48909-0207

Phone: (517) 241-3025

Email: MDHHS-MichiganEMS@michigan.gov

Website: www.michigan.gov/ems

test777

Expiration Date:

Vehicle Call Sign:

wetwet

Vehicle Unit Number:

etwtewet

ALS Vehicle NT Critical Equipment

Agency Information

*Name of Agency:

Example

*Type of Inspection:

Example

*Is this inspection associated with an application?

Example

*License Plate Number:

Example

Vehicle Requirements

| No. | Item | C | NC | NR |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 1 | Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | External Warning System: Visual & Audio – Must be Operational | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Flares or Equivalent Device (3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Flashlight (1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Reflective Safety Wear for each Crewmember | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Vehicle Starts/Runs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | The life support agency name is displayed prominently on the left and right side of the vehicle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 (= or >1000 ml) (1 each) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Capnography-Waveform (attached to the monitor or independent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------------------------------------|--|---|----|----|
| 11 | CPAP Masks - At least two sizes that will accommodate a bridge of nose to chin measurement of 3 ¼ inches to 5 inches. | C | NC | NR |
| 12 | Endotracheal Tubes and Equipment: Sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0, 8.0 Cuffed (2 of each size) | C | NC | NR |
| 13 | Laryngoscope Blades- Curved Sizes #2 and either #3 or #4 required for a total of two blades. Straight Sizes #0, #1, #2, and either #3 or #4 required for a total of four blades. | C | NC | NR |
| 14 | Laryngoscope Bulb, Batteries, and Handle (1 set) | C | NC | NR |
| 15 | Laryngoscope Handle (1) (Spare) | C | NC | NR |
| 16 | Magill Forceps: Adult & Pediatric (1 each) | C | NC | NR |
| 17 | Nasal Cannulas: Adult and Pediatric (1 each) | C | NC | NR |
| 18 | Nasal Canula Capnography- Adult Size (1) | C | NC | NR |
| 19 | Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr | C | NC | NR |
| 20 | Non-Rebreather Masks: Adult, Child, and Infant (1 each) | C | NC | NR |
| 21 | Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each) | C | NC | NR |
| 22 | Oxygen Portable with Regulator Capable of 15 lpm, and Supplies | C | NC | NR |
| 23 | Pulse Oximeter (1) | C | NC | NR |
| 24 | Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each) | 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 Airway- Per MCA Selections in Airway Management Protocol 7-9 (1 each adult size required) | C | NC | NR |
| Type of SGA | | | | |
| <input type="text" value="Example"/> | | | | |
| 28 | Tube Holder (1) | C | NC | NR |

| Trauma - Bandaging | | | | |
|--------------------|--|---|----|----|
| No. | Item | | | |
| 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) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 38 | Tape: Hypoallergenic (1 roll) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |

Trauma - Splinting

| No. | Item | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
|-----|---|---------------------------------------|-----------------------------|-----------------------------|
| 39 | Cervical Immobilizers: Infant, Child, Adult (2 each) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 40 | Head Immobilization Device (1) - Firm Padding or Commercial Device | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 41 | Device capable of moving a supine patient with minimal spinal motion. Examples include a backboard, scoop/orthopedic stretcher, or vacuum mattress. | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 42 | Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 43 | Traction Splinting Device (1) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |

IV Requirements

| No. | Item | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
|-----|---|---------------------------------------|-----------------------------|-----------------------------|
| 44 | 14 Gauge Needle at Least Three and a Half Inches or Commercial Device for Pleural Decompression | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 45 | Alcohol Wipes (12) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 46 | Extension Set (2) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 47 | Filter Needles | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 48 | IM Needles - Sizes Suitable for Pediatric and Adult Patients | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 49 | IO Supplies: Adult and Pediatric (1 each) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 50 | IV Solution and Supplies Secured | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 51 | IV Administration Set: Macro Drip (4) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 52 | IV Catheters - Size 24-18 Gauge (4 each) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 53 | IV Fluids: NS (1) and Crystalloid Solution (2) Total of three liters | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |

***IV Fluids Filled by:**

Hospital Wholesale

***Hospital or Wholesaler Name:**

Example

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

Yes No Not Wholesale

***First Expiration Date of Fluids:**

Example

| | | | | |
|----|-------------------------|---------------------------------------|-----------------------------|-----------------------------|
| 54 | Needles - Various Sizes | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
| 55 | Tourniquets (2) | <input checked="" type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |

Drug Package

| No. | Item | <input type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NR |
|-----|------|----------------------------|-----------------------------|-----------------------------|
|-----|------|----------------------------|-----------------------------|-----------------------------|

| | | | | |
|--|---|---|----|----|
| 56 | Atomizer (1) | C | NC | NR |
| 57 | Drug Package in Climate Controlled Area | C | NC | NR |
| 58 | Drug Package Secured and Locked | C | NC | NR |
| 59 | Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy | C | NC | NR |
| 60 | Drug Package Sealed | C | NC | NR |
| <p>*Hospital Filled By: <input type="text" value="Example"/></p> <p>*Date Filled: <input type="text" value="Example"/></p> <p>*Expiration Date: <input type="text" value="Example"/></p> | | | | |
| 61 | Drug Package that is not Expired | C | NC | NR |
| 62 | MI-MEDIC | C | NC | NR |
| 63 | Pediatric Length Based 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 |
| <p>*Type: <input type="text" value="Example"/></p> <p>*Serial Number: <input type="text" value="Example"/></p> | | | | |
| 68 | Defibrillation Pads- 2 sets of adult pads (or combination pads when applicable to the device) and 1 set of pediatric pads (when required by device for pediatric use). | C | NC | NR |
| 69 | Means to Defibrillate Adult Patients | C | NC | NR |
| 70 | Means to appropriately defibrillate pediatric and infant patients (device, pads and product indications must support defibrillation of all pediatric patients). | C | NC | NR |
| 71 | Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) | C | NC | NR |

Miscellaneous - PPE & Other

| No. | Item | C | NC | NR |
|-----|---|---|----|----|
| 72 | Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1) | C | NC | NR |
| 73 | Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1) | C | NC | NR |

| | | | | |
|----|--|---|----|----|
| 74 | Documentation Tools (Pens, Tablet, Run Forms) | C | NC | NR |
| 75 | Gloves Non-Latex (1 Box or Pouch of three different Sizes) | 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 | Sharps Container (Portable) (1) | C | NC | NR |

Miscellaneous - Patient

| No. | Item | C | NC | NR |
|------------------------------|--|---|----|----|
| 79 | Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size) | C | NC | NR |
| 80 | Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (Manual) (1 each) | C | NC | NR |
| 81 | Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter) | C | NC | NR |
| 82 | Cold Packs (2) | C | NC | NR |
| 83 | Emesis Container (1) | C | NC | NR |
| 84 | Glucometer or Blood Glucose Measuring Device with Reagent Strips | C | NC | NR |
| 85 | Heat Packs (2) | C | NC | NR |
| 86 | Infant Thermal Cap (1) | C | NC | NR |
| 87 | 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 |
| 88 | Oral Glucose Solution (1) | C | NC | NR |
| *Expiration Date | | | | |
| Example <input type="text"/> | | | | |
| 89 | Paper Bags- Appropriate size for clothing | C | NC | NR |
| 90 | Soft Restraints (May be cravats) (4) | C | NC | NR |
| 91 | Stethoscope (1) | C | NC | NR |
| 92 | Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1) | C | NC | NR |
| 93 | Towels (Adequate size for padding) (2) | C | NC | NR |

Miscellaneous - Other Vehicle, Health & Safety Concerns

Other Health and Safety Concerns: _____

MCA Approved Critical Equipment

MCA Approved Critical Equipment

| No. | Item | C | NC | NR |
|-----|---|---|----|----|
| 94 | Active compression-decompression device | C | NC | NR |
| 95 | Cricothyrotomy Kit- Surgical, needle, or MCA approved commercial device | C | NC | NR |

| | | | | |
|---------------------------------------|--|---|----|----|
| 96 | Gum Elastic Bougie (1) | C | NC | NR |
| 97 | Hemostatic Agent, FDA and MCA Approved (1) | C | NC | NR |
| 98 | Impedance Threshold Device (1) | C | NC | NR |
| 99 | Mechanical CPR Device | C | NC | NR |
| Manufacturer and Serial Number | | | | |
| <input type="text" value="Example"/> | | | | |
| 100 | Naloxone Leave Behind | C | NC | NR |
| *Hospital Filled By | | | | |
| <input type="text" value="Example"/> | | | | |
| *Date Filled | | | | |
| <input type="text" value="Example"/> | | | | |
| *Expiration Date | | | | |
| <input type="text" value="Example"/> | | | | |
| 101 | Pelvic Binder (Commercially Approved FDA Device) (1) | C | NC | NR |
| 102 | Trachea Hook (1) | C | NC | NR |

Instructions and Signature

Inspections 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 emailed to MDHHS

Email: FloryD@michigan.gov

Attestation and Signature

By signing below, I confirm the following:

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.

Virtual Inspections for Transporting Agencies ONLY: I further understand the following two items on the MDHHS-Bureau of Emergency Preparedness, EMS and Systems of Care Vehicle Inspection Form, were not able to be visually inspected, and I attest that the items were fully functional at the time of the vehicle inspection:

- Patient Compartment: Climate and lighting must be maintained within vehicle standards;
- Drug package in climate-controlled area;
- Communication-State MEDCOM Compliant (HERN required for all vehicle except MFR);
- Suction portable and on-board

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

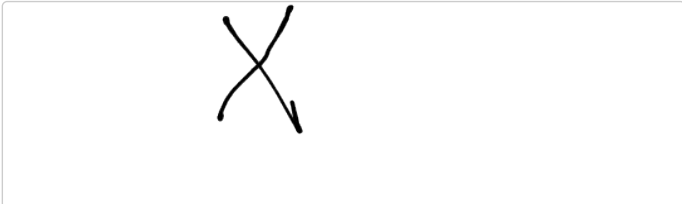
Total: 0 deficiencies of 102 items

*Signature Type: Virtual

In Person

▼ Responsible Party Signoff

*



*First Name:

Example

*Last Name:

Example

Certification Number:
