



**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES**  
**BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)**



**Service Name:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**County:** \_\_\_\_\_ **Type of Inspection:**  Initial  Reinspection  Random  Complaint  Announced  Unannounced  
**Vehicle Information:**  Transport  Non-Transport **Unit#** \_\_\_\_\_ **Year/Make** \_\_\_\_\_ **Permit Type** \_\_\_\_\_ **Permit#** \_\_\_\_\_  
**VIN** \_\_\_\_\_ **Tag#** \_\_\_\_\_

**Inspection Codes:**  
1 = Item meets inspection criteria.  
1a = Item corrected during inspection to meet criteria.  
2 = Items not in compliance with inspection criteria.

**Rating Categories:**  
1 = Lifesaving equipment, medical supplies, drugs, records or procedures  
2 = Intermediate support equipment, medical supplies, drugs, records or procedures  
3 = Minimal support equipment, medical supplies, records or procedures



Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1.			 <b>Minimum = One EMT and One Driver</b>
2.			
3.			

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)	
1. Exhaust System	d. Roller gauze
2. Exterior Lights: A. Head lights (high and low beam) B. Turn signals C. Brake Lights D. Tail Lights E. Back-up lights and audible warning device	e. ABD (minimum 5x9 inch) pads 2. One pair of Bandage Shears 3. One set each, patient restraints – wrist and ankle 4. One each blood pressure cuffs: infant, pediatric, and adult. 5. One stethoscope: pediatric and adult 6. Blankets 7. Sheets. (not required on non-transport vehicles)
3. Horn	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.) 9. One disposable blanket or patient rain cover.
4. Windshield wipers	10. One long spine board and three straps or equivalent.
5. Tires	11. One short spine board and two straps or equivalent.
6. Vehicle free of rust and dents	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.
7. Two-way radio communication – radio test A. Hospital (cab and patient compartment) B. Dispatch Center C. Other EMS units	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent. 14. Two portable oxygen tanks, “D” or “E” cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi. 15. Each transparent oxygen masks; adult, child and infant sizes, with tubing 16. Set of pediatric and adult nasal cannulae with tubing.
8. Emergency Lights	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
9. Siren	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications. 19. Assorted sizes of extremity immobilization devices.
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	20. One lower extremity traction splint. (Pediatric and Adult)
11. Doors open properly, close securely.	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.
12. Rear and side view mirrors.	22. Burn sheets.
13. Windows and windshield	23. One flashlight with batteries.
<b>II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).</b>	24. Occlusive dressings.
1. Primary stretcher and three straps.	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult
2. Auxiliary stretcher and two straps.	26. One installed oxygen with regulator gauge and wrench, minimum “M” size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)
3. Two ceiling mounted IV holders.	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.
4. Two no-smoking signs.	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.
5. Overhead grab rail.	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.
6. Squad bench and three sets of seat belts.	30. Nasopharyngeal airways, French or mm equivalents ( infant , pediatric , and adult
7. Interior lights.	31. One approved biohazardous waste plastic bag or impervious container per <b>Chapter 64J-1, F.A.C.</b>
8. Exterior floodlights.	31a. Pediatric length based measurement device for equipment selection and drug dosage
9. Loading lights.	
10. Heat and air conditioning with fan.	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.
11. Word-“Ambulance” – sides, back and mirror image front.	33. One bulb syringe separate from obstetrical kit.
<b>III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)</b>	34. One thermal absorbent reflective blanket.
1. Installed suction. (Transport only)	35. Two multi-trauma dressings.
2. Items 4, 14, 17, 18 and 26 in section II must be tested.	<b>GENERAL SANITATION (Section 401.26(2)(e), F.S.</b> <b>I. Vehicle and Contents</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)</b>	
1. Bandaging, dressing and taping supplies: a. Rolls adhesive, silk or plastic tape. b. Sterile gauze pads, any size c. Triangular bandages	

**Comments:**  
  
I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, 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 and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

**Person in Charge:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_