



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

Phone: (309) 827-4348
Fax: (309) 827-2017

ALS AGENCY INSPECTION CHECKLIST

Agency Name: _____

Date: _____ Unit#: _____

MEDICATION	STRENGTH/ VOLUME	CONTAINER	TOTAL	IN STOCK	EARLIEST EXP. DATE
Adenosine (Adenocard)	6mg/2 ml	Vial/Prefilled Syringe	7		
Adenosine (Adenocard)	12mg/4ml	Vial/Prefilled Syringe	(May carry)		
Albuterol (Proventil)	2.5mg/3ml	Vial	6		
Aspirin, Chewable	81mg/tablet	36 tablets/bottle	2		
Atropine	1mg/10ml	Prefilled Syringe	10		
Calcium Chloride	1gm/10ml	Prefilled Syringe	3		
Cetacaine	56 grams	Spray Bottle	2		
Dextrose 50%	25gm/50ml	Prefilled Syringe	4		
Diazepam (Valium)	10mg/2ml	Vial/Prefilled Syringe	4		
Diphenhydramine(Benadryl)	50mg/1ml	Vial/Prefilled Syringe	4		
Dopamine (Intropin)	400mg/250ml	Premix Bag	2		
Epinephrine (1:10,000)	1mg/10ml	Prefilled Syringe	12		
Epinephrine (1:1000)	1mg/1ml	Ampule/Tubex	3		
Epinephrine (1:1000)	30mg/30ml	Vial	2		
Furosemide (Lasix)	100mg/10ml	Prefilled Syringe	3		
Glucagon	1mg/1 unit	Vials for Dilution	3		
Ipratropium (Atrovent)	0.5 mg (2.5ml)	Vial	6		
Ketorolac (Toradol)	30mg/ml	Vial	4		
Lidocaine (Xylocaine)	100mg/5 ml	Prefilled Syringe	11		
Lidocaine Infusion	1gm/250 ml	Premix Bag	2		
Lorazepam (Ativan)	2mg/ml	Vial	2		
Magnesium Sulfate	5gm/10ml	Vial/Prefilled Syringe	2		

* Medications are approved for administration by EMT-Paramedic level personnel if trained in that specific medication, per applicable protocol.

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Methylprednisolone (Solu-medrol)	125mg Act-O-Vial	Act-O-Vial	2		
Morphine Sulfate	10mg/1ml	Tubex	2		
Naloxone (Narcan)	2mg/2ml	Ampule	6		
Neosynphrine (ES)	1% (15ml)	Single use bottle	2		
Nitroglycerin	0.4mg	Metered Spray or Tablet	2		
Nitroglycerin		Paste	1		
Ondansetron (Zofran)	2mg/ml	Vial	4		
Procainamide (Pronestyl)	1gm/10ml	Vial	3		
Racemic Epinephrine	2.25% (0.5 ml)	Vial	2		
Sodium Bicarbonate	50 mEq/50ml	Prefilled Syringe	3		
Thiamine	100 mg/1ml	Vial	2		
Midazolam HCL (Versed)	5mg/5ml	Vial/Prefilled Syringe	4		
Vasopressin (Pitressin)	20 units/1ml	Vial	4		

SOLUTION	VOLUME	TOTAL	IN STOCK	EARLIEST EXP. DATE
Sodium Chloride 0.9%	1000 ml	10		
Sodium Chloride 0.9%	250 ml	2		
Sodium Chloride 0.9%	50 ml	1		

ALS SUPPLIES

ITEMS	TOTAL	TOTAL AVAIL.	EARLIEST EXP. DATE
Venous Tourniquet	4		
IV Cathlons 22g	4		
IV Cathlons 20g	4		
IV Cathlons 18g	4		
IV Cathlons 16g	4		
IV Cathlons 14g	4		
Laryngoscopes handles, adult size	1		
Laryngoscopes blades, straight or curved (size 3)	1		
Laryngoscopes blades, straight or curved (size 4)	1		
ET Tubes, sizes 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, 9.0	1 each		

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Bougie	1		
ResQ Pod	1		
Alcohol prep pads	10		
Betadine prep pads	10		
Blind Insertion Airway Device	1 Each Size		
CPAP equipment	1		
JET Insufflation Equipment	1		
PerTrach	1		
Stylets	2		
ET tube holder	2		
Eye/Face Protection	2		
Nebulizer Kit (including mouthpiece and neb. mask)	3		
3cc Syringe (optional)	3		
MAD Device	2		
Bone Injection Gun (B.I.G.) – Adult	2		
Bone Injection Gun (B.I.G.) – Pediatric	2		
#18 Gauge Needles and (Filter Needles – opt)	3		
Spare Batteries (size according to laryngoscope handle)			
Assorted sizes of blood tubes, vacutainer needles, barrels			
12cc Syringe	3		
Micro drip (60 gtt/cc) IV tubing	4		
Macro drip (10-15 gtt/cc) IV tubing	6		
Blood tubing	2		
Coban (3" rolls)	2		
Quick Clot	2		
IV Arm Board	1		
IV Hand Board	1		
Prep Razors	2		
KY Jelly (tubes)	2		
1" Tape	2		

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2" Tape	2		
Computer for Patient Care Charting	1		
Patient Refusal Forms	10		

Cardiac Monitor CHECKLIST

VISUAL INSPECTION	PASS	NEEDS REPAIR	COMMENTS
Cables			
Pads			
Clock			
12-Lead Capabilities			
Synchronized Cardioversion			
Analyze/Charge			

- _____ Cardiac Monitor taken out of service until repairs are complete.
- _____ Glucometer inspected and approved for service.
- _____ Glucometer taken out of service until repairs are completed.
- _____ Pulse Oximeter in proper working order.
- _____ Pulse Oximeter taken out of service until repairs are complete.

Comments: _____

EMS System Representative: _____
 Signature

Agency Representative: _____
 Signature

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