



# McLean County Area EMS System

705 N. East Street  
Bloomington, IL 61701

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

## ALS AGENCY INSPECTION CHECKLIST

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_ Unit#: \_\_\_\_\_ Last 4 VIN # \_\_\_\_\_ MERCI# \_\_\_\_\_

MEDICATION	STRENGTH/ VOLUME	CONTAINER	TOTAL	IN STOCK	EARLIEST EXP. DATE
Adenosine (Adenocard)	6mg/2 ml	Vial/Prefilled Syringe	5		
Adenosine (Adenocard)	12mg/4ml	Vial/Prefilled Syringe	(May carry)		
Albuterol (Proventil)	2.5mg/3ml	Ampulette	3		
Aspirin, Chewable	81mg/tablet	36 tablets/bottle	1		
Atropine	1mg/10ml	Prefilled Syringe	10		
Calcium Chloride	1gm/10ml	Prefilled Syringe	1		
Cetacaine	56 grams	Spray Bottle	1		
Dextrose 50%	25gm/50ml	Prefilled Syringe	2		
Diazepam (Valium)	10mg/2ml	Vial/Prefilled Syringe	4		
Diphenhydramine(Benadryl)	50mg/1ml	Vial/Prefilled Syringe	2		
Dopamine (Intropin)	400mg/250ml	Premix Bag	1		
Epinephrine (1:10,000)	1mg/10ml	Prefilled Syringe	10		
Epinephrine (1:1000)	1mg/1ml	Ampule/Tubex	1		
Epinephrine (1:1000)	30mg/30ml	Vial	1		
Fentanyl	50mcg/ml	2ml amp or Syringe	2		
Furosemide (Lasix)	100mg/10ml	Prefilled Syringe	1		
Glucagon	1mg/1 unit	Vials for Dilution	1		
Glucose		Oral Gel	2		
Ipratropium (Atrovent)	0.5 mg (2.5ml)	Ampulette	3		
Ketorolac (Toradol)	30mg/ml	Vial	2		
Lidocaine (Xylocaine)	100mg/5 ml	Prefilled Syringe	8		
Lidocaine Infusion	1gm/250 ml	Premix Bag	1		

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

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

SOLUTION	VOLUME	TOTAL	IN STOCK	EARLIEST EXP. DATE
Sodium Chloride 0.9%	1000 ml	8		
Sodium Chloride 0.9%	250 ml	2		

## ALS SUPPLIES

ITEMS	TOTAL	TOTAL AVAIL.	EARLIEST EXP. DATE
Venous Tourniquet	4		
IV Cathlons 22g	2		
IV Cathlons 20g	4		
IV Cathlons 18g	4		
IV Cathlons 16g	3		
IV Cathlons 14g	3		
Laryngoscopes handles, adult size	1		
Laryngoscopes blades, straight or curved (size 3)	1		
Laryngoscopes blades, straight or curved (size 4)	1		
ET Tubes, sizes 2.0 – 9.0 including half sizes	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)	1		
3cc Syringe (optional)	3		
MAD Device	2		
EZ-IO – Adult	2		
EZ-IO – 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	2		
Macro drip (10-15 gtt/cc) IV tubing	4		
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: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMS System Representative: \_\_\_\_\_  
 Signature

Agency Representative: \_\_\_\_\_  
 Signature

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