



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

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

BLS AGENCY INSPECTION CHECKLIST

Agency Name: _____

Date: _____ Unit #: _____

MEDICATION	STRENGTH/ VOLUME	CONTAINER	TOTAL	TOTAL IN STOCK	EARLIEST EXP. DATE
Albuterol (Proventil)	2.5 mg/3 ml	Vial	6		
Aspirin, Chewable	81 mg tablet	36/Bottle	2		
Glucose		Oral Gel	2		
Epinephrine (1:1000)	0.3 mg/2 ml	Epi-Pen	2		
Epinephrine (1:1000)	0.15 mg/2 ml	Epi-Pen Jr.	1		
Nitroglycerin	0.4 mg/1 spray	Metered Spray	2		
Glucagon	1mg/1 unit	Vial	4		
Naloxone (Narcan)	2mg/2ml	Ampule	6		
Quick Clot		Packet	2		
Blind Insertion Airway Device			1 Each Size		
ResQ Pod			1		
MAD Device			2		
Computer for Patient Care Charting (Transport)			1		
Patient Care Forms (Non-transport)			10		
Patient Refusal Forms			10		

AED CHECKLIST

VISUAL INSPECTION	PASS	NEEDS REPAIR	COMMENTS
Cable(s)			
Pads			
Clock			
Analyze/Charge			

_____ Glucometer inspected and approved for service.
 _____ Glucometer taken out of service until repairs are complete.

EMS Coordinator: _____
Signature

Agency Representative: _____
Signature

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



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