



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

BLS INSPECTION FORM

Agency Name: _____

V	VIN	
E	Make	
H	Model	
I	Manufacturer	
C	Year	
L	Status	<input type="checkbox"/> Front-Line <input type="checkbox"/> Reserve <input type="checkbox"/> Upgrade
E	Type	<input type="checkbox"/> Transport <input type="checkbox"/> Non-transport

D	Inspection	/	/
A	Safety	/	/
T	License Plate	/	/
E			
S			

Inspector to collect current roster

Vehicle Notes: _____

C L I A	Y N	Is a glucometer training log available on demand and up to date?
	Y N	Does glucometer training log match with agency's personnel roster?
	Y N	Is a glucometer testing log available on demand and up to date?
	Y N	Is the time/date correct on glucometer?
	Y N	Does glucometer(s) test within acceptable range?
		Glucometer Strip Lot #:
		Glucometer Control Lot #:
	Glucometer Make/Model:	

Glucometer Notes: _____

Medications (Nonscheduled)				
Medication	Concentration/Packaging/Form	Earliest Expiration Date	Minimum Required	Total on Board
Albuterol	2.5 mg/3 ml; plastic ampule; single use		3	
Aspirin	Chewable; 81mg/tab		36	
Epinephrine ¹	1:1000; Auto-injector; 0.3 mg		2	
Epinephrine	1:1000; Auto-injector; 0.15 mg		1	
Epinephrine	1:1000; 1 mg/1ml vial		1	
Glucagon	1mg/1ml vial		2	
Naloxone	2mg/2ml		2	
Nitroglycerin	Sublingual (tab or spray), 0.4mg dose		1 (bottle)	
Nitroglycerin	Transdermal paste; with paper		1	
Oral Glucose	Oral gel; at least 15g per package		2	

¹ Adult Epinephrine Auto Injector not required if vial of 1:1000 Epinephrine is carried



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Equipment				
Item	Packaging/Form/Size	Earliest Expiration Date	Minimum Required	Total on Board
King Airway	Size 3		1	
King Airway	Size 4		1	
King Airway	Size 5		1	
Quik-Clot ®	Individual Packet		2	
Tourniquet	System approved; commercial		1	
Pulse Oximeter	Unit		1	
	Is pulse oximeter in working order and approved for service?			Y N
Thermometer	Capable of core temperature measurement		1	
Glucometer	**SEE CLIA ABOVE**		1	
Glucometer Test Strips	Compatible with glucometer		1 (bottle)	
CPAP Devices	Disposable; at least 2 different sizes; adjustable PEEP		2 (each size) for transport 1 (each size) for non-transport	
MAD (Device)			2	
Syringes	1-3ml		2	
Needle	18-21 gauge (1.5"-2.0")		2	

AED Checklist				
Item	Notes	Earliest Expiration Date	Minimum Required	Total on Board
AED Unit	Must turn on/ have operating light		1	
Adult Pads	Compatible with AED		1	
Pediatric Pads	Alternate: pediatric "key" capability		1	
	Is the internal clock on AED accurate?			Y N
	12-Lead capabilities present and in operating order?			Y N

Paperwork Requirements				
Item	Notes	Earliest Expiration Date	Minimum Required	Total on Board
Patient Care Forms	Non-transport; System approved (ONLY FOR NONTRANSPORT VEHICLES)		10	
Patient Refusal Forms	System-approved		10	
Computer for PCR Charting	(ONLY FOR TRANSPORT VEHICLES)		1	

Inspection Notes:



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Agency Representative (Print and Sign): _____

EMS System Representative (Print and Sign): _____

Office Staff: Is this vehicle in the System Plan?

Copy of form provided to:

State

Agency

EMS System Records