



# McLean County Area EMS System

1609 Northbrook Drive, Ste. 8  
Normal, IL 61761

Phone: (309) 827-4348  
Fax: (309) 808-4235

## FIRST RESPONDER INSPECTION FORM

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

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

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

Inspector to collect current roster

Vehicle Notes:

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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:

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Medications (Nonscheduled)				
Medication	Concentration/Packaging/Form	Earliest Expiration Date	Minimum Required	Total on Board
Oral Glucose	Oral gel; at least 15g per package		2	
Aspirin	Chewable; 81mg/tab;		36	
Naloxalone	2mg/2ml vial		1	

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	



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## Equipment

Item	Packaging/Form/Size	Earliest Expiration Date	Minimum Required	Total on Board
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)	
MADD Device			1	

## 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

## Paperwork Requirements

Item	Notes	Earliest Expiration Date	Minimum Required	Total on Board
Patient Care Forms	Non-transport; System approved		10	
Patient Refusal Forms	System-approved		10	

Inspection Notes:

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