



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

ILS 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	/	/

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
Adenosine	6 mg/2 ml		5	
Albuterol	2.5 mg/3 ml; plastic ampule; single use		3	
Aspirin	Chewable; 81mg/tab		36	
Atropine	1 mg/10 ml		5	
Dextrose 50%	25 g/50 ml		2	
Diphenhydramine	50 mg/1 ml		2	
Epinephrine	1 mg/1 ml (1:1000)		1	
Epinephrine	1 mg/10 ml (1:10,000)		10	
Furosemide	100 mg/10 ml		1	
Glucagon	1mg/1ml vial		1	
Ipratropium	0.5 mg/2.5 ml		3	
Lidocaine	100 mg/5 ml		8	
Lidocaine	INFUSION, 1g/250 ml		1	



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Medications (Nonscheduled)				
Medication	Concentration/Packaging/Form	Earliest Expiration Date	Minimum Required	Total on Board
Naloxone	2mg/2ml		2	
Nitroglycerin	SUBLINGUAL (tab or spray), 0.4mg dose		1 (bottle)	
Nitroglycerin	TRANSDERMAL paste; with paper		1	
Ondansetron	2 mg/1 ml		2	
Oral Glucose	Oral gel; at least 15g per package		2	
Saline, Normal, 0.9%	1000 ml		4	

Medications (SCHEDULED**)				
Medication	Concentration/Packaging/Form	Earliest Expiration Date	Exact Requirement	Total on Board
Diazepam	10mg/2 ml (Overall onboard must = 20mg)		2	
Fentanyl	50 mcg/1 ml –OR- 100mcg/ 2 ml (Overall onboard must =200mcg)		Must = 200 mcg	
Lorazepam	2 mg/1 ml (Overall onboard must = 4mg)		2	
Midazolam	5 mg/5 ml (Overall onboard must = 20mg)		2	
Morphine Sulfate	10 mg/1 ml (Overall onboard must =10mg)		1	
	Are scheduled medications secured in an appropriate manner?			Y N
	Is a sealed and numbered tag applied to all storage points?			Y N
	Is a scheduled medication log readily available?			Y N
	Is the scheduled medication log within requirements (double signatures, tag tracking, etc?)			Y N
	Does the scheduled medication log show a true and accurate account of all scheduled medications present on the ambulance (at time of inspection)?			Y N

**Scheduled/controlled medication by federal, state, and/or system standards. Follow all appropriate regulatory requirements. Ensure all paperwork completed in accordance with policy.

Cardiac Monitor				
Item	Notes	Earliest Expiration Date	Minimum Required	Total on Board
Monitor	Must turn on/ be operational		1	
Adult Pads	Compatible with AED		1	
Pediatric Pads	Alternate: pediatric “key” capability		1	
	Is the internal clock on monitor accurate?			Y N
	12-Lead capabilities present and in operating order?			Y N
	Is self check successful and error free?			Y N
	Has agency experienced any unresolved issues in regards to ECG transmission?			Y N



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Equipment				
Item	Packaging/Form/Size	Earliest Expiration Date	Minimum Required	Total on Board
CPAP Devices	Disposable; at least 2 different sizes; adjustable PEEP		2 (each size) for transport 1 (each size) for non-transport	
Endotracheal tubes	ONE EACH SIZE (2.0-9.0) including ½ sizes		1 each	
ETT holder			2	
ETT introducer	("Bougie")		1	
ETT stylets			2	
King Airway	Size 3		1	
King Airway	Size 4		1	
King Airway	Size 5		1	
Laryngoscope blades	ONE EACH SIZE (1-4), straight or curved		1 each	
	Do all blades seat tightly within handle, light up, and function appropriately?			Y N
Laryngoscope handle	Adult		1	
Laryngoscope, spare batteries	Must match appropriate size for handle		1 (set)	
Lubricating jelly	("KY")Tubes		2	
Nebulizer kit	Must include mouthpiece and neb. Mask		2	
Quik-Clot ®	Individual Packet		2	
Tape, ½"			2	
Tape, 1"			2	
Tourniquet	System approved; commercial		1	
Wrap, self-adherent	("Coban"), 3" roll		2	
Glucometer	**SEE CLIA ABOVE**		1	
Glucometer Test Strips	Compatible with glucometer		1 (bottle)	
Pulse Oximeter	Unit		1	
	Is pulse oximeter in working order and approved for service?			Y N
Thermometer	Capable of core temperature measurement		1	
Alcohol prep pads			10	
Betadine prep pads			10	
Blood tubes, vacutainer needles, barrels	Assorted sizes/colors based on current requirements		Variety	
EZ-IO, drill	Unit		1	
	Does EZ-IO drill function appropriately?			Y N
EZ-IO, needle	Adult		2	
EZ-IO, needle	Pediatric		2	
IV arm board			1	



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Equipment

Item	Packaging/Form/Size	Earliest Expiration Date	Minimum Required	Total on Board
IV catheter	14 ga		3	
IV catheter	16 ga		3	
IV catheter	18 ga		4	
IV catheter	20 ga		4	
IV catheter	22 ga		2	
IV hand board			1	
MAD (Device)			2	
Needle	18 ga.		3	
Razors, prep			2	
Syringe	12 ml or larger		3	
Tubing, blood			1	
Tubing, IV	Macro drip (10 gtts/ml)		4	
Tubing, IV	Micro drip (60 gtts/ml)		2	
Venous tourniquet			4	
Eye/face protection			2	

Optional Equipment

Item	Packaging/Form/Size	Earliest Expiration Date		Total on Board
Adenosine	12 mg/4 ml			
EZ-IO, needle	Bariatric			
Filter needles				
IV catheter	24 ga			
IV Pump				
Laryngoscope handle	Pediatric			
Pediatric IV tubing	("Buretrol")			
Syringe	3 ml			

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:

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:



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- State
- Agency
- EMS System Records