D H E C
PROMOTE PROTECT PROSPER

GROUND AMBULANCE SELF INSPECTION REPORT
DIVISION OF EMS AND TRAUMA

DHEC License No. _____

Date: _____

Provider: _____ Person in Charge: _____

Vehicle Make: _____ Provider Vehicle ID _____

VIN: _____ Year: _____

Tag: _____

Primary Use

- ☐ Basic
- ☐ Intermediate
- ☐ Advanced
- ☐ Special Purpose

Markings

Prov. Name _____

Star of Life _____

Lettering _____

Communications

- ☐ EOC
- ☐ Hospital
- ☐ Co. Base
- ☐ Rescue
- ☐ Other: _____
- ☐ Radio in Cab & Pt. Comp
- ☐ 800 MHZ

Minimum Ambulance Equipment

Sections A, B and C required on all ambulances.
*Items required on special purpose units in addition to specialized equipment documented to DHEC

Section A

_____*1) Elevating stretcher w/straps
_____*2) Portable stretcher w/straps
_____*3) Permanent onboard suction
_____*4) Portable suction
_____*5) Suction catheters (2 each) 6, 8, 10, 16, 18 Fr.
_____*6) Yankauer suction catheters (2 each)
_____*7) Adult bag w/reservoir
_____*8) Pediatric bag w/reservoir
_____*9) Infant bag w/reservoir
_____*10) Bag masks – 0,1,2,3,4,5
_____*11) Onboard Oxygen w/humidifier
_____*12) Portable Oxygen w/spare tank
_____*13) Oxygen masks, cannulas – (3 each) adult, pediatric
_____ 14) Long spine board
_____ 15) Short spine board (KED, XP1…etc)
_____ 16) Pediatric spine board (commercial)
_____ 17) Cervical collars – infant, child, adult, lg. adult
_____ 18) Head immobilization device
_____ 19) OB kit
_____ 20) Burn sheets (2 each)
_____ 21) Sharps container

Section B

_____*22) Oropharyngeal / Nasopharyngeal airways (1 each) Lg. adult, med. adult, lg. child, child, infant
_____*23) Bite stick
_____ 24) B/P cuff w/stethoscope – adult, pediatric
_____ 25) Sterile 4x4 (36 each)
_____ 26) Bandages (12 each)
_____ 27) Tape – 1”, 2”, 3”
_____ 28) Traction splint
_____ 29) Padded splints, 36”(2 each)
_____ 30) Padded splints, 15”(2 each)
_____ 31) 9` straps (3 each)
_____ 32) Triangular bandages (5 each)
_____ 33) Sterile water – 1000cc
_____ 34) Sterile dressing (12 each)
_____ 35) Sterile occlusive dressing (4 each)
_____ 36) Personal protective equipment (gloves, masks, gowns, eye shields)

At the option of medical control the following equipment may be added

_____ 37) Dual Lumen or LMA airways (age and weight appropriate)
_____ 38) Magill forceps – adult, pediatric

Section C

_____*39) No smoking sign
_____ 40) Bandage shears
_____*41) Emesis basin or container
_____*42) Bed pan
_____*43) Urinal
_____ 44) Blankets (2 each)
_____*45) Flashlights (2 each)
_____*46) Fire extinguisher – 5 Lb, ABC

Section D

_____ 47) Jumper cables
_____ 48) Flares, non combustible (6 each)
_____ 49) Hammer, 4 Lb.
_____ 50) Axe
_____ 51) Pry bar, minimum 48”
_____ 52) Crow bar, 24”
_____ 53) Hard hats (2 each)
_____ 54) Goggles (2 each)
_____ 55) Work gloves (2 each)
_____ 56) Reflective vests (2 each)

Intermediate / Advanced Life Support

Section E

_____ 57) IV cannulas – 14, 16, 18, 22, 24 gauge (4 each)
_____ 58) Regular drip sets (2 each)
_____ 59) Mini drip sets (2 each)
_____ 60) Laryngoscope handle
_____ 61) Laryngoscope blades - adult, child, infant (0,1,2 Miller, 2 Macintosh)
_____ 62) ET tubes – 2.5 > 9.0
_____ 63) Stylet – neonate, (6fr.)
_____ 64) Dual Lumen or LMA airways (age and weight appropriate)
_____ 65) Magill forceps – adult, pediatric
_____ 66) Normal Saline or other appropriate IV solution(4 liters)
_____ 67) Pediatric length/weight-based drug dose chart or tape
_____ 68) Intraosseous devices – pediatric (2 sizes) adult (1 size) **Medical Control Option**

Section F

_____ 69) Butterfly/scalp vein needles 19-25ga. (4) **Medical Control Option**
_____ 70) Needles – 21 or 23ga. (3) **Medical Control Option**
_____ 71) Needles – 25ga. (3) **Medical Control Option**
_____ 72) Tourniquets (3)
_____ 73) Equipment for drawing blood samples **Medical Control Option**
_____ 74) Syringes (2 each) 1ml, 3ml, 10 ml, 20ml
_____ 75) Syringe - 50ml
_____ 76) Alcohol/Iodine preps (12 each)
_____ 77) Tape – ½”
_____ 78) Bandaids (5 each)
_____ 78) Portable Sharps container

ALS Units Require Above Equipment Plus the Following

_____ 80) ECG Monitor/Defibrillator (appropriate for both adult/pediatrics)
_____ 81) Approved drugs (list any found not on approved list)

By my signature, I confirm that this form is accurate and that all applicable components of Regulation 61-7 have been met prior to utilizing this unit. I also recognize that this form is not valid until it has been received by Department personnel and a temporary permit has been issued in CIS. I understand that failure to follow the self inspection protocol will result in enforcement action by the Department.

Provider Rep.: (printed) _____ Date in CIS: _____

Provider Rep.: (signature) _____