

# New Jersey State First Aid Council 2008 Standards Committee Ambulance Equipment Check List

For The \_\_\_\_\_ ID Rig # 1 \_\_\_\_\_ ID Rig # 2 \_\_\_\_\_

Vehicle #1- VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_

Vehicle #2- VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_

RIG #1 #2		Oxygen Equipment (On-Board Oxygen Equipment)	RIG #1 #2		Litter And Transportation Devices
[ ] [ ]	<b>Critical</b>	3000-Liter Cap. (Minimum) Mounted	[ ] [ ]	<b>Critical</b>	Wheeled Litter with wheeled litter fastener
[ ] [ ]	<b>Critical</b>	Flow meter	[ ] [ ]		Portable Stretcher (Reeves type or folding)
[ ] [ ]	<b>Critical</b>	Partial Non- Rebreather Masks	[ ] [ ]		Stair Chair
[ ] [ ]	<b>Critical</b>	Nasal Cannulas	[ ] [ ]	<b>Optional</b>	Orthopedic / Scoop Stretcher
[ ] [ ]	<b>Critical</b>	O2 Cylinders "Color Coded Green"	[ ] [ ]	<b>Critical</b>	Federally Approved Child Restraint System
[ ] [ ]	<b>Critical</b>	All O2 Cyls' Hydrostatically Tested	[ ] [ ]	<b>Critical</b>	All Patient Carrying Devices: Restraints or Straps
[ ] [ ]	<b>Critical</b>	Oropharyngeal Airways -1 Set (Size0-5) – Infant to Adult			<b>General Patient Care Equipment</b>
[ ] [ ]	<b>Critical</b>	Nasopharyngeal Cannulas 18fr to 34fr / 4.5 to 8.5mm	[ ] [ ]		Conforming Roller Bandages (Various Sizes)
		<b>Bag-Valve Mask Resuscitator</b>	[ ] [ ]		Cravats (minimum 12)
[ ] [ ]	<b>Critical</b>	Adult (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Sterile Dressings Of Multiple Sizes
[ ] [ ]	<b>Critical</b>	Child (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Rolls Of Adhesive Tape
[ ] [ ]	<b>Critical</b>	Infant (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Sterile Occlusive Dressings
		<b>Portable Oxygen Equipment</b>	[ ] [ ]		Burn Kit Or 4 Burn Sheets
[ ] [ ]	<b>Critical</b>	300 Liter Capacity	[ ] [ ]		Glucose (Current Exp. Date)
[ ] [ ]	<b>Critical</b>	Flowmeter	[ ] [ ]	<b>Critical</b>	Sterile Obstetrical Kit (List of Contents on Kit)
[ ] [ ]	<b>Critical</b>	Oropharyngeal Airways -1 Set (Size0-5) – Infant to Adult	[ ] [ ]		Cold Packs
[ ] [ ]	<b>Critical</b>	Partial Non- Rebreather Masks	[ ] [ ]		Paper Bags
[ ] [ ]	<b>Critical</b>	Nasopharyngeal Cannulas 18fr to34fr / 4.5 to 8.5mm	[ ] [ ]		Plastic locking bags
[ ] [ ]	<b>Critical</b>	O2 Cylinders "Color Coded Green"	[ ] [ ]	<b>Critical</b>	Stethoscope & BP Cuffs (Adult, Child, infant)
[ ] [ ]	<b>Critical</b>	All O2 Cyls Hydrostatically Tested	[ ] [ ]		Penlight / Small Flashlight
		<b>Aspirator / Suction Devices (On-Board )</b>	[ ] [ ]		Bandage / Trauma Scissors
[ ] [ ]		Easy Access To Patient	[ ] [ ]		Bottles of Sterile Water (Current Exp. Date)
[ ] [ ]		12 Volt Powered	[ ] [ ]		Bottles of Sterile Saline (Current Exp. Date)
[ ] [ ]		Non - Kinking Tubing	[ ] [ ]		Sterile Lubricant (KY, Surgilube, etc.)
[ ] [ ]		Semi Rigid Tip & Flexible Catheters	[ ] [ ]		Trauma / Jump Kit (Various First Aid Supplies)
[ ] [ ]		Rinsing Water Bottle	[ ] [ ]		Extra Blankets, Sheets, Extra Pillow and Cases
	<b>Critical</b>	<b>Aspirator / Suction Devices ( Portable )</b>	[ ] [ ]		Assorted Sterile Wound / Trauma Dressings
[ ] [ ]	<b>Critical</b>	Battery Powered	[ ] [ ]		Towels
[ ] [ ]	<b>Critical</b>	Non - Kinking Tubing	[ ] [ ]	<b>Critical</b>	NJ EMSC -Pediatric Reference sheet
[ ] [ ]	<b>Critical</b>	Semi Rigid Tip & Flexible Catheters	[ ] [ ]	<b>Critical</b>	New Jersey Disaster Triage Tag (50 minimum)
[ ] [ ]	<b>Critical</b>	Rinsing Water Bottle			
		<b>Splint And Immobilization Devices</b>			<b>Basic Extrication / Quick Access Equip.</b>
[ ] [ ]	<b>Critical</b>	Long Board With Accessories	[ ] [ ]		Hammer, Assort. Screwdrivers & Pliers
[ ] [ ]	<b>Critical</b>	Upper Spinal Immob. Device (KED, Short Board)	[ ] [ ]		Center Punch (Glass Hammer), Seat Belt Cutter
[ ] [ ]	<b>Critical</b>	Head Immob. Device (Head Beds, Foam Bks, etc)	[ ] [ ]		Prying Lever (Crow bar, Haligan, etc)
[ ] [ ]		Traction Splint With Accessories (Adult & Pediatric)	[ ] [ ]		Hack Saw With Extra Blades
[ ] [ ]		Padded Board Splints / Various Sizes (15", 36", 54")	[ ] [ ]		Wheel Chocks
[ ] [ ]	<b>Critical</b>	Rigid Cervical Collars /Various Sizes / Adjustable	[ ] [ ]		Hand Held Light
[ ] [ ]		CPR Board	[ ] [ ]		50-100 Ft. Rope (Can be Water Rsq Rope Bag)
		<b>Infection Control</b>	[ ] [ ]		Ring Cutter
[ ] [ ]	<b>Critical</b>	Respiratory Masks	[ ] [ ]	<b>Critical</b>	Hard Hat / Goggles (Eye Protection)
[ ] [ ]	<b>Critical</b>	Eye Protection	[ ] [ ]	<b>Critical</b>	Heavy Duty Work Type Gloves
[ ] [ ]	<b>Critical</b>	Disposable Gloves (Assorted Sizes)	[ ] [ ]	<b>Critical</b>	Fire Extinguisher ( 5 lb Min/Charged/Current Tag)
[ ] [ ]	<b>Critical</b>	Skin Disinfectant			<b>General Vehicle Standards</b>
[ ] [ ]	<b>Critical</b>	Equipment Disinfectant Product	[ ] [ ]	<b>Critical</b>	Valid Motor Vehicle Registration
[ ] [ ]	<b>Critical</b>	N-95 Respiratory Masks	[ ] [ ]	<b>Critical</b>	Current DMV Inspection Sticker
		<b>Communications</b>	[ ] [ ]	<b>Critical</b>	Valid Insurance Card
[ ] [ ]	<b>Critical</b>	JEMS 1, 2, 3, 4 (Radios MUST have displays that ID Channel's or have Printed list of FREQUENCY'S next to radio -VERIFY OPERATION )	[ ] [ ]	<b>Critical</b>	Emergency Lights / Siren Are Operational
			[ ] [ ]		DOT Haz Mat Guidebook / Binoculars
[ ] [ ]	<b>Critical</b>	Radio Communications To Dispatch Center	[ ] [ ]	<b>Critical</b>	All seats have safety belts/restraints
		<b>New Jersey Interoperability Communications System Statewide and Regional Frequencies</b>	[ ] [ ]		"No Smoking" signs in patient compartment.
[ ] [ ]		UCALL	[ ] [ ]		Veh. Recog. num. on each side and rear - each 3" high
[ ] [ ]		UTAC Channels 1thru 6	[ ] [ ]		Heater/ A/C provides heat/cooling throughout vehicle
[ ] [ ]		VCALL	<b>Rig 1</b>	<b>Rig 2</b>	<b>General Vehicle Information</b>
[ ] [ ]		VTAC Channels 1thru 4	[ ]	[ ]	Three portable red emergency warning devices (i.e.; flares, triangles)
[ ] [ ]	<b>Critical</b>	<b>Defibrillators</b>			<b>Base Vehicle- Date of Manufacturer (YEAR)</b>
[ ] [ ]	<b>Critical</b>	Unit Passes Startup Self Test			Diesel or gasoline powered ( <b>D</b> or <b>G</b> )
[ ] [ ]	<b>Critical</b>	Unit Has Been Output Verified By Mfg. Or Independent Biomedical Equip. Repair Agency Within 1 Year or per Manufacturers Requirements.	<b>DATE</b>	<b>DATE</b>	<b>Date Of Most Recent Oxygen / Suction Testing</b>

**Comments:**

**All Equipment That Is Carried On The Rigs Must Be Kept In A Serviceable Condition Or Must Be Removed From Service.**

**A Passing Score For Equipment Is If 90% Of All Required Equipment Is Present. Items Which Are Marked Critical Must Be Present For Rig To Pass**

**A Passing Score For Training Records Is If At Least 90% Of All Personal Listed On Roster Have All Their Records Photocopied Or On A Computer And The Dates Of Expiration Is As Of The Date You Inspected Or Later. If They Have Their Records On A Computer The Captain And President Must Sign The Training Certification Listed Below.**

**Results Of The Inspection Shall Be Reported To The NJSFAC Standards Committee. If The Squad Is Found To Be Deficient, The Committee Will Ask That The Squad Comply Within Sixty Days Or Arrive At A Mutually Agreed Upon Plan For The Squad To Meet Compliance. If Necessary Please List The Re-inspection Date**

**DID THE SQUAD PASS THE INITIAL INSPECTION:**

Yes / No Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
(Circle)

**DOES THE SQUAD REQUIRE REINSPECTION**

Yes / No Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
(Circle)

**TRAINING CERTIFICATION**

**WE CERTIFY THAT ALL MEMBERS WHO PROVIDE EMERGENCY MEDICAL TREATMENT ARE TRAINED IN ACCORDANCE WITH NEW JERSEY STATE FIRST AID COUNCIL TRAINING REQUIREMENTS AS OF THIS DATE.**

Signature /	Signature /
PRINT NAME /	PRINT NAME /

**CAPTAIN**

**PRESIDENT**

**Squad:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date Inspection Completed:** \_\_\_\_\_

**I CERTIFY THAT I INSPECTED THIS SQUAD ACCORDANCE WITH NEW JERSEY STATE FIRST AID COUNCIL STANDARDS REQUIREMENTS FOR 2008.**

**Person Who Inspected Squad:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Squad Affiliation :** \_\_\_\_\_ **District:** \_\_\_\_\_

**NEW JERSEY STATE FIRST AID COUNCIL  
2008 STANDARDS COMMITTEE of the \_\_\_\_\_ District**

**Suggestions or Recommendations**

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