

New Jersey State First Aid Council 2010 Standards Committee Ambulance Equipment Check List

For The _____ ID Rig # 1 _____ Decal # _____ ID Rig # 2 _____ Decal # _____

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
[] []	Critical	3000-Liter Cap. (Minimum) Mounted	[] []	Critical	Wheeled Litter with wheeled litter fastener
[] []	Critical	Flow meter	[] []		Portable Stretcher (Reeves type or folding)
[] []	Critical	Partial Non- Rebreather Masks	[] []		Stair Chair
[] []	Critical	Nasal Cannulas	[] []	Optional	Orthopedic / Scoop Stretcher
[] []	Critical	O2 Cylinders "Color Coded Green"	[] []	Critical	Commercially manufactured Ambulance Infant/Child Restraint
[] []	Critical	All O2 Cyls' Hydrostatically Tested	[] []	Critical	All Patient Carrying Devices: Restraints or Straps
[] []	Critical	Oropharyngeal Airways -1 Set (Size0-5) – Infant to Adult			General Patient Care Equipment
[] []	Critical	Nasopharyngeal Cannulas 18fr to 34fr / 4.5 to 8.5mm	[] []		Conforming Roller Bandages (Various Sizes)
		Bag-Valve Mask Resuscitator	[] []		Cravats (minimum 12)
[] []	Critical	Adult (With O2 Connecting Tube/Reservoir)	[] []		Sterile Dressings Of Multiple Sizes
[] []	Critical	Child (With O2 Connecting Tube/Reservoir)	[] []		Rolls Of Adhesive Tape
[] []	Critical	Infant (With O2 Connecting Tube/Reservoir)	[] []		Sterile Occlusive Dressings
		Portable Oxygen Equipment	[] []		Burn Kit Or 4 Burn Sheets
[] []	Critical	300 Liter Capacity	[] []		Glucose (Current Exp. Date)
[] []	Critical	Flow meter	[] []	Critical	Sterile Obstetrical Kit (List of Contents on Kit)
[] []	Critical	Oropharyngeal Airways -1 Set (Size0-5) – Infant to Adult	[] []		Cold Packs
[] []	Critical	Partial Non- Rebreather Masks	[] []		Paper Bags
[] []	Critical	Nasopharyngeal Cannulas 18fr to34fr / 4.5 to 8.5mm	[] []		Plastic locking bags
[] []	Critical	O2 Cylinders "Color Coded Green"	[] []	Critical	BP Cuffs-(Adult, Child, infant sizes)
[] []	Critical	All O2 Cyls Hydrostatically Tested	[] []	Critical	Stethoscope
		Aspirator / Suction Devices (On-Board)	[] []		Penlight / Small Flashlight
[] []		Easy Access To Patient	[] []		Bandage / Trauma Scissors
[] []		12 Volt Powered	[] []		Bottles of Sterile Water (Current Exp. Date)
[] []		Non - Kinking Tubing	[] []		Bottles of Sterile Saline (Current Exp. Date)
[] []		Semi Rigid Tip & Flexible Catheters	[] []		Sterile Lubricant (KY, Surgilube, etc.)
[] []		Rinsing Water Bottle	[] []		Trauma / Jump Kit (Various First Aid Supplies)
	Critical	Aspirator / Suction Devices (Portable)	[] []		Extra Blankets, Sheets, Extra Pillow and Cases
[] []	Critical	Battery Powered	[] []		Assorted Sterile Wound / Trauma Dressings
[] []	Critical	Non - Kinking Tubing	[] []		Towels
[] []	Critical	Semi Rigid Tip & Flexible Catheters	[] []	Critical	NJ EMSC -Pediatric Reference sheet
[] []	Critical	Rinsing Water Bottle	[] []	Critical	New Jersey Disaster Triage Tag (50 minimum)
		Splint And Immobilization Devices			Basic Extrication / Quick Access Equip.
[] []	Critical	Long Board With Accessories	[] []		Hammer, Assort. Screwdrivers & Pliers
[] []	Critical	Upper Spinal Immob. Device (KED, Short Board)	[] []		Center Punch (Glass Hammer), Seat Belt Cutter
[] []	Critical	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
[] []	Critical	Rigid Cervical Collars /Various Sizes / Adjustable	[] []		Hand Held Light
[] []		CPR Board	[] []		50-100 Ft. Rope (Can be Water Rsq Rope Bag)
		Infection Control	[] []		Ring Cutter
[] []	Critical	Respiratory Masks	[] []	Critical	Hard Hat / Goggles (Eye Protection)
[] []	Critical	Eye Protection	[] []	Critical	Heavy Duty Work Type Gloves
[] []	Critical	Disposable Gloves (Assorted Sizes)	[] []	Critical	Fire Extinguisher (5 lb Min/Charged/Current Tag)
[] []	Critical	Skin Disinfectant			General Vehicle Standards
[] []	Critical	Equipment Disinfectant Product	[] []	Critical	Valid Motor Vehicle Registration
[] []	Critical	N-95 Respiratory Masks	[] []	Critical	Current DMV Inspection Sticker
		Communications	[] []	Critical	Valid Insurance Card
[] []	Critical	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)	[] []	Critical	Emergency Lights / Siren Are Operational
			[] []		DOT Haz Mat Guidebook / Binoculars
[] []	Critical	Radio Communications To Dispatch Center	[] []	Critical	All seats have safety belts/restraints
		New Jersey Interoperability Communications System Statewide and Regional Frequencies	[] []		"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	Rig 1	Rig 2	General Vehicle Information
[] []		VTAC Channels 1thru 4	[]	[]	Three portable red emergency warning devices (i.e.; flares, triangles)
[] []	Critical	Defibrillators			Base Vehicle- Date of Manufacturer (YEAR)
[] []	Critical	Unit Passes Startup Self Test			Diesel or gasoline powered (D or G)
[] []	Critical	Unit Has Been Output Verified By Mfg. Or Independent Biomedical Equip. Repair Agency Within 1 Year or per Manufacturers Requirements.	DATE	DATE	Date Of Most Recent Oxygen / Suction Testing

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 Personnel 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. Records will be subject to inspection by the committee at their request

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 2010.

Person Who Inspected Squad: _____ Date: _____

Squad Affiliation : _____ District: _____

**NEW JERSEY STATE FIRST AID COUNCIL
2010 STANDARDS COMMITTEE of the _____ District**

Suggestions or Recommendations

