Inspector:

Medical Rescue Certification Inspection Form Unit #:

Date:

New Mexico Dept. of Health	
Name of Service:	

Location of Service:

PATIENT COMPARTMENT Multi-Level Stretcher

MEDICAL RESCUE - MINIMUM REQUIRED EQUIPMENT

All items shall be in quantities suitable for a Multiple Incident Response

		ITEM DESCRIPTION	COMMENTS	
Forward Compartment				
Vehicle Registration	Y / N / NA			
U. S. DOT, Emergency Response Guidebook	Y/N/NA	*EDITION:		
Maps or Navigational equipment	Y / N / NA			
Service specific protocols and resource guides	Y / N / NA			
Patient Care Reports or Reporting System	Y / N / NA			
Hand Sanitizer	Y / N / NA			
Flashlight	Y / N / NA	*Battery Powered, Hand Crank, Mounted Batt. Chrg. Sys.		
Fire Extinguisher	Y / N / NA	*10 pound, ABC type or functional equivalent, charged		
Spotlight or auxillary lighting system	Y / N / NA			
Roadway Warning Devices	Y / N / NA	*Safety Flares, Emergency Lights, Safety Cones		
Vehicle Jack	Y / N / NA			
Spare tire	Y / N / NA			
Tire wrench	Y / N / NA			
Radio Communications (Portable or Affixed):				
Equipment sufficient to Establish and Maintain direct or repeated				
communications with:				
Area Dispatch	Y / N / NA			
Secondary Providers	Y / N / NA			
N.M. EMSCOM Radio System	Y / N / NA			
Capable of Cellular and/or Text/Data Transmissions (optional)	Y / N / NA			
Spare batteries / charger system	Y / N / NA			
	.,,			
Personal Protective Equipment (PPE)				
EMS turnout gear	Y / N / NA			
Helmets with Face Shield	Y / N / NA			
Gloves	Y / N / NA	*Work gloves or Leather gloves		
Eye Protection	Y / N / NA	*Glasses or Goggles		
Hearing Protection				
Safety Vest / Jacket (ANSI 2008 Compliant)	Y / N / NA	*Break-away, reflective, High visibility Coloration		
Exam Gloves	Y / N / NA	*assorted sizes		
Disposable Splash Protection	Y / N / NA	*(Gowns, Scrubs, Eye Shieding, etc.)		
Tyvex coveralls (optional)	Y / N / NA			
N-95 mask (or > particulate mask )	Y / N / NA			
Aneroid Sphygmomanometer, BP Cuffs	Y / N / NA	*with infant, pediatric, adult, and obese sizes		
Stethoscope	Y / N / NA	*more than 1		
Glucose Monitoring Instrument	Y / N / NA	*Portable		
Pulse Oximeter	Y / N / NA	*Portable		
End-tidal CO2 monitoring device	Y / N / NA	*Disposable, Colormetric		
Penlights	Y / N / NA			
Shears	Y / N / NA	*Trauma or Equivalent		
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Y / N / NA \*may be power assisted, 2 person

Medical Rescue Certification Inspection Form

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Location of Service:\_\_\_\_\_

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MEDICAL RESCUE - MINIMUM REQUIRED EQUIPMENT		Inspector:	Date:
All items shall be in quantities suitable for a Multiple Incident Response			
		ITEM DESCRIPTION	COMMENTS
Shoulder / Chest and Lower Extremity straps	Y / N / NA	*capable of securing adult and pediatric patients	
Pillow	Y / N / NA	*disposable, pillow with vinyl cover. Rolled Blanket	
Blankets	Y / N / NA		
Stretcher Pad (Bed) Covers	Y / N / NA	*(e.g. sheets)	
Pt. Restraints	Y / N / NA	*2 ankle and 2 wrist, leather or nylon	
Sharps Container	Y/N/NA		
Emesis Basins	Y / N / NA	*Emesis Bags or equivalent	
Body Bags			
CARDIAC EQUIPMENT			
Semi-Auto External Defibrillator	Y / N / NA		
Defibrillator pads (extra)	Y / N / NA		
Defibrillator batteries (extra)	Y / N / NA		
PHARMACOLOGICAL EQUIPMENT for First Response through ALS			
Appropriate medications with the contents established and approved by the	Y / N / NA	*The list of contents and earliest expiration dates	
Service Medical Director, within N.M. Scope of Practice		shall be affixed to the outside of the kit. Drug kits	
		must be maintained in a temperate, controlled	
		environment and must not be left unsecured.	
Mark I Plus Kit	Y / N / NA		
PEDIATRICS			
Pediatric Restraint System or Car Seat	Y / N / NA	*may be Fold down Jumpseat w/ Child Restraint System	n
Obstatrical Kit: (Starila Daskaga)	Y/N/NA	*Dessiving blacket stails bulk seriets, unseed	
Obstetrical Kit: (Sterile Package)	t / IN / INA	*Receiving blanket, sterile bulb aspirator, wrapped	
		sanitary napkin, sterile scissors or scalpel blade, 4-inch gauze pads, one pair of sterile gloves, 2 cord clamps	
		and plastic bag for placenta. All items are to be in a	
		container with identifying label showing contents.	
Foil Blanket	Y / N / NA	container with identifying laber showing contents.	
Pediatric drug dosage tape or chart	Y/N/NA		
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BANDAGES / DRESSINGS			
Triangular Bandages	Y / N / NA		
Universal Dressings	Y/N/NA	*approximately 10 inches by 30 inches	
Gauze Pads	Y/N/NA	*4 inches by 4 inches	
Bandages - soft roller	Y / N / NA	* self-adhering	
Bandages - elastic (bandaids)	Y/N/NA	*of assorted sizes	
Occlusive dressings	Y/N/NA	*sterile, individually wrapped	
Adhesive tape	Y/N/NA	*Various Sizes - 1", 2", Duct Tape ('Medical' - White)	
Cold Packs	Y/N/NA		
Heat Packs	Y/N/NA		
Burn Sheets	Y/N/NA		
RESPIRATORY EQUIPMENT	Y / N / NA		
Mounted electric or manifold operation suction aspirator (meets GSA std.)	Y / N / NA		
Portable suction aspirator	Y / N / NA	*as approved by the Agency/Department	
Sterile Suction Catheters and tubing (rigid and soft, if applicable)	Y / N / NA	*assorted sizes	

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Unit #: \_\_\_\_

MEDICAL RESCUE - MINIMUM REQUIRED EQUIPMENT		Inspector:	Date:
All items shall be in quantities suitable for a Multiple Incident Response			
		ITEM DESCRIPTION	COMMENTS
Bag-Valve-Mask Resuscitator	Y/N/NA	*disposable, with transparent adult mask.	
		The BVM must operate in cold weather, must	
		be capable of use with an oxygen supply and be	
		capable of delivering approximately 100% oxygen.	
Pediatric Bag-Valve-Mask Resuscitator	Y / N / NA	*disposable, with transparent child and infant mask,	
		must operate in cold weather, must be capable of	
		use with an oxygen supply, must be capable of delivering	ng
		100% oxygen	
Adult Oxygen Masks with Reservoir (non-rebreather or partial non-rebreather)	Y / N / NA		
Adult Oxygen Masks (Simple)	Y / N / NA		
Pediatric Oxygen Masks with Reservoir (non-rebreather or partial non-rebreather)	Y / N / NA		
Pediatric Oxygen Masks (Simple)	Y / N / NA		
Nasal Cannulas	Y/N/NA		
Oxygen Supply Tubing	Y / N / NA		
Oropharyngeal Airways	Y / N / NA	*with adult, child and infant sizes	
Nasopharyngeal Airways	Y/N/NA	*with adult, child and infant sizes	
Laryngeal, Supraglottic, Multi-Lumen or Laryngeal Airway Devices	Y/N/NA	*(device not intended to be placed into the trachea)	
Oxygen: fixed system	Y/N/NA	*min. 2 wall-mounted oxygen outlets and 1 flowmeter.	
		System shall include a yoke-type pressure reducer	
		gauge and an approved cylinder retaining device that	
		meets DOT standards. The system shall be capable	
		of delivering an oxygen flow of at least 15 liters per	
		minute. If oxygen source is of a size less than "M"	
		cylinder, an additional full spare cylinder for the	
		fixed system shall be carried in the ambulance	
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Oxygen: portable (2) cylinders	Y/N/NA	· · · · · · · · · · · · · · · · · · ·	
		yoke, pressure gauge, flowmeter and cylinder wrench	
		The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a	
		quick-release fitting shall be furnished to allow the use	
		of the portable unit outside the vehicle.	
INTRAVENOUS THERAPY			
IV Solution (Normal Saline)	Y/N/NA	*1000 ml	
IV Catheters	Y/N/NA	* various sizes	
IO Needles	Y/N/NA		
Tubing /Infusion kits	Y/N/NA		
Pediatric fluid volume control device (ie: Burretrol or Volutrol)	Y/N/NA		
Arm Boards (For pediatric)	Y / N / NA		
IMMOBILIZATION DEVICES			
Extremity Immobilization Devices	Y / N / NA	*2 full arms and 2 full legs, or equivalent	
Short Spinal Extrication Device**	Y/N/NA	*(KED or equivalent), Infant or Pediatric Immobilization*	*
Pediatric Immobilization Device**	Y / N / NA	*as approved by the department	
Spine Boards	Y / N / NA	*long, at least 16"wide by 72" in length w/ 3 straps (min.	)
Lateral Cervical Immobilization Devices	Y / N / NA	*commercial devices, foam blocks, blanket rolls	
Cervical Immobilization Collars	Y / N / NA	, ,	
		nara type, minimum z adult, z medium, z omiu	

Medical Rescue Certification Inspection Form

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escue Certification Inspection I Unit #: \_\_\_\_\_

MEDICAL RESCUE - MINIMUM REQUIRED EQUIPMENT		Inspector:	Date:
All items shall be in quantities suitable for a Multiple Incident Response			
		ITEM DESCRIPTION	COMMENTS
Traction Splint	Y/N/NA	*lower extremity, adjustable	
**Equipment to be identified for the safe transport of Infant / Pediatric patients, as approved by	by the EMS Se	rvice Medical	
Director with guidelines and Operating Procedures provided by the Agency / Department**			
RESCUE / EXTRICATION EQUIPMENT			
Tarp or Blankets	Y/N/NA		
Seatbelt Cutter or Trauma Shears	Y / N / NA		
Spring Loaded Center Punch / Window Punch	Y/N/NA		
Rescue Ax or Halligan Tool	Y/N/NA		
Flathead Screwdriver	Y/N/NA	*minimum 6 inches	
3 Pound Hammer	Y/N/NA		
Hacksaw with extra Bimetal-type Blades	Y/N/NA		
Duct Tape	Y/N/NA		
One Ton "Come-A-Long "	Y/N/NA		
Rescue-Rated Chains or Straps (2 at minimum)	Y/N/NA		
Hydraulic Spreader / Cutter / Ram (Combi-tool)	Y/N/NA		
Air Chisel-Air Cylinder, Regulator, Air Hose (optional)	Y/N/NA		
Air Bags-Air Cylinder, Regulator, Air Hose (optional)	Y/N/NA		
Winch with recovery straps and Blocking equip	Y/N/NA		
Stabilization Equip - Cribbing, Blocks, Struts	Y/N/NA		