PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

QRS Inspection Checklist

I. GENERAL INFORMATION: **Date Stickers Issued:**
                                               Decals Issued:

Name of QRS Agency:
Dominate Lettering (as displayed on EMS unit)

License Plate # :   Year: Make: Model:
Vehicle Identification # (VIN):
Date Inspected: Affiliate # :
Regional EMS Council: Mileage:

VEHICLE/EQUIPMENT	PRESENT AND OPERATING	DEFICIENT	CORRECTED
If vehicle - meets PA Vehicle Code 75 PA C.S.			
Current Vehicle Inspection			
Current Vehicle Insurance			
Current Vehicle Registration			
No Smoking /Oxygen Equipped Sign (1) in front			
Fasten Seat Belts Sign (1) in front			
Storage Cabinets for equipment or Bulky Items Secured			
Fire Extinguisher (1) (5# ABC dry chem or CO2) (Current Insp.)			
Radio Equipment (meets regional comm. requirements)			
Current Version Statewide EMS Protocols			
Portable Suction Unit (1) (Achieves 300mm/Hg in 4 Sec.)			
Results:			
Suction Catheters: (2 pharyngeal -sterile)			
Oropharyngeal - (to include 6 different sizes)			
Size 0 (1)			
Size 1 (1)			
Size 2 (1)			
Size 3 (1)			
Size 4 (1)			
Size 5 (1)			
Nasopharyngeal (5 different sizes)			
Size 16 (1)			
Size 24 (1)			
Size 26 (1)			
Size 32 (1)			
Size 34 (1)			
Lubrication (2cc or Larger tube) sterile water soluble (2)			

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Portable O2 flow meter 0-25 lpm (1)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen Capacity with a min. of 300 liters (1)			
Full Spare O2 cylinder with a 300 liters capacity (1)			
Oxygen Delivery Devices:			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Masks (1)			
Pediatric High Concentration Mask (1)			
Infant High Concentration Mask (1)			
Adult Bag Valve Mask Device (700cc) (1)			
Pediatric Bag Valve Mask Device (450cc) (1)			
Adult Mask (1)			
Child Mask (1)			
Infant Mask (1)			
Neonatal Mask (1)			
Sphygmomanometer (interchangable gauges are permitted)			
Child Cuff (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Penlight (1)			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (4" x 4") (25)			
Triangular Bandages (8)			
Sterile Burn Sheets (4' x 4') (2)			
Soft Self Adhering Gauze (6 rolls)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Regional Approved Triage Tags (20)			
Commercial "Tactical" Tourniquet (2)			

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	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Blankets (2)			
Emergency BLS Jump Kit (1)			
AED			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)			
Hand light (2)			
High-visibility safety apparel (1 per crew member)			
Helmet (1 per crew member)			
Eye Protection -Goggles (1 per crew member)			
Work Gloves (1 per crew member)			
DOT Emergency Response Guide (1) - Current Ed.			
PERSONAL INFECTION CONTROL KIT			
Eye Protection - clear & disposable*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Red Bags (per infectious control plan)			
Sharps container (per infectious control plan)			
N-95 Respirator Mask*			
Hand Disinfectant/cleaner - Non-water (1 container)			
* Disposable -one set/pair per responding crewmember			
Optional Equipment (Reference Scope of Practice)			
CPAP Ventilation - portable equipment with (2) disposable masks			
Naloxone			
Aspirin 81 mg (1 small bottle)			
Electronic Glucose Meter (1)			
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute)			
Pulse Oximetry (1)			
Epinephrine Auto Injector, Adult & Pediatric (2) of Each			
	YES	**NO**	
Was a deficiency notification issued for this vehicle?			
Is a copy of the deficiency notification attached to this form?			
Is a reinspection required?			
Electronic Deficiency Form Completed			
Digital Images Captured			
Vehicle Placed Out of Service (Per I.B. 2013-001)			

** All deficiencies are required to be documented on approved form and submitted with this form.

Inspected By: _____
                     (Printed Name)

Signature:

Date Forwarded to BEMS: _____