

**Illinois Department of Public Health
Division of Emergency Medical Systems and Highway Safety
Non-transport Vehicle Inspection Form**

Provider name _____

Region _____ Provider number _____

Provider address _____

City/State/ZIP _____

Vehicle year/Manufacturer _____

Vehicle address _____

V.I.N. (last four nos.) _____

ALS ILS B/D BLS FR/D FR _____

Level of care (circle one)

Local I.D. _____

EMS system _____

Date _____ / _____ / _____

Vehicle type (check one) Engine Pumper Squad Truck Other (describe in comments section)

Vehicle class (check one) Primary (staffed 24 hrs./7 days) Assist (staffed as available)

Initial Annual Self-inspection 3rd party Complaint Other (see comment form) Waiver (attached)

Issue license Reinspection required (non-life threatening equipment problems) **Advisory DO NOT OPERATE UNTIL REPAIRED/ REINSPECTED**

Legal action required for the following: A condition has been identified that could result in harm to the public. This vehicle should be removed from service until all corrections are made, a reinspection is conducted and IDPH approves (see comment form).

First Responder Equipment

Triangular bandages/Arm slings

Adhesive tape rolls

Non-porous disposable gloves

Roller bandages, self-adhering (4" X 5 yd.)

Blanket

Adult squeeze bag-valve-mask with adult and child mask

Trauma/universal dressings

Isolation bag

Child squeeze bag-valve-mask with child and infant mask

Sterile gauze pads (4" X 4")

OSHA personal protection items (face/eye mask, gowns)

Child squeeze bag-valve-mask with child and infant mask

Vaseline gauze/Occlusive bandages (3" X 8")

Upper extremity splints

Oropharyngeal airways (adult, child, infant)

Bandage scissors

Lower extremity splints

Pediatric lower extremity splints

Automatic defibrillator (requires EMS system approval)

Oxygen equipment with adult, child, infant masks (one each); cylinder is to be full

First Responder Optional Equipment

Stabilizing device for impaled object/Tourniquet

**All Other Non-Transports
(in addition to above equipment)**

Oxygen flowmeter/Regulator for 15 lpm

Cervical collars (adult, child, infant, peds)

Obstetrical kit, sterile with head cover

Delivery tubing

Blood pressure cuffs (adult, child, infant) with gauges

Cold packs

Nasopharyngeal airways (sizes 12-30 f w/lubricant)

Stethoscope

EMS run forms

Manually operated suction device (IDPH approved)

Burn sheet (individually wrapped)

Equipment to allow communication with hospital

Flashlight

Sterile solution (1000cc) in plastic bottles or bags

ILS/ALS system approved equipment (drug box, airway equipment, monitor/defibrillator)

Long backboard

COMMENTS:

As owner/representative, I agree to provide medical care in compliance with the Emergency Medical Services Act rules and regulations, 24 hours a day, every day of the year. Each vehicle will be staffed by at least two emergency medical technicians, pre-hospital R.N.s or physicians on all emergency calls. If this vehicle is operated at the intermediate or paramedic level, it will be staffed by at least one person with the appropriate license for the level of care at which the vehicle is being operated and one other emergency medical technician, pre-hospital R.N. or physician.* I agree to provide emergency service within my service area on a per need basis without regard to a patient's ability to pay. (*State minimum requirements; EMS systems may require a higher level of staffing.)

Pre-hospital care provider/Owner or representative signature and title _____

Illinois Department of Public Health representative signature and title _____