



**CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM**

25 N. WINFIELD ROAD
WINFIELD, IL 60190

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EQUIPMENT AND MEDICATION LIST – BLS AMBULANCE

AGENCY: _____ VEHICLE NUMBER: _____

VIN: _____ LICENSE PLATE: _____

INSPECTION TYPE: _____ DATE: ____/____/____

INSPECTION PASS / FAIL: _____

INSPECTION PERFORMED BY: _____

INSPECTOR SIGNATURE: _____

AGENCY REP: _____

AGENCY REP SIGNATURE: _____

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
AIRWAY				
HAND-HELD NEBULIZER	FULL KIT	2 EACH		
SPO2 SENSOR	ADULT; NON-DISPOSABLE	1 EACH		
	PEDIATRIC; NON-DISPOSABLE	1 EACH		
I-GEL SUPRAGLOTTIC AIRWAY	RESUSPACK® SIZE 4	1 EACH *OPTIONAL*		
SALEM SUMP GASTRIC TUBE	12FR FOR I-GEL	1 EACH *OPTIONAL*		
PATIENT ASSESSMENT				
THERMOMETER	ORAL OR TEMPORAL	1 EACH		
BLOOD GLUCOSE MONITOR	DEVICE	1 EACH		
	LANCETS	10 EACH ≥		
	≥ 10 TEST STRIPS	10 EACH ≥		
	ALCOHOL PREP PADS	10 EACH ≥		
N95 RESPIRATOR MASK	SIZE REGULAR	4 EACH		
	SIZE SMALL	4 EACH		
PEDIATRIC EQUIPMENT				
INFANT CAR SEAT	BUILT-IN OR STAND-ALONE, ABLE TO SECURE 4 – 100LBS CHILD	1 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
CARDIAC EQUIPMENT				
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)	SYSTEM-APPROVED DEVICE	1 EACH		
MULTI-FUNCTION PADS	MONITOR SPECIFIC; ADULT	1 EACH		
	MONITOR SPECIFIC; PEDIATRIC	1 EACH		
TRAUMA / DISASTER				
SMART TRIAGE TAGS	SET OF 10	SET OF 10		
CAT II TOURNIQUET		2 EACH		
PELVIC BINDER	COMMERCIAL DEVICE	1 EACH		
HEAD IMMOBILIZATION DEVICE	APPROVED DEVICE; ADULT	2 EACH		
	APPROVED DEVICE; PEDIATRIC	2 EACH		
RING CUTTER		1 EACH		
PAPER FORMS				
AMBULANCE RUN REPORT	PAPER BACK-UP	10 EACH		
REFUSAL / RELEASE FORMS	PAPER BACK-UP	5 EACH		
BUS ACCIDENT FORMS	PAPER BACK-UP	3 EACH		
CURRENT SYSTEM SMO'S	PRINTED COPY	1 COPY		
CURRENT SYSTEM POLICIES	PRINTED COPY	1 COPY		
MEDICATION DELIVERY / ADMINISTRATION				
MUCOSAL ATOMIZATION DEVICE (MAD)		1 EACH		
MEDICATIONS				
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	2 EACH		
ASPIRIN	81 MG CHEWABLE TABLET	8 TABLETS		
EPIPEN ADULT	0.3 MG	1 EACH		
EPIPEN ADULT JR.	0.15 MG	1 EACH		
GLUCOSE GEL	24 – 25 G FOR ORAL USE WITH 2 TONGUE BLADES	1 TUBE		
NALOXONE (NARCAN®)	2 MG	3 EACH		
RESPIRATORY SALINE	15 ML PRE-FILL AMPULE	2 EACH		

Inspection Notes:

THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) INSPECTION FORM CAN BE FOUND AT:

<http://www.dph.illinois.gov/sites/default/files/forms/ems-ambulance-inspection.pdf>