



**CENTRAL DUPAGE HOSPITAL  
EMERGENCY MEDICAL SERVICES SYSTEM**

25 N. WINFIELD ROAD  
WINFIELD, IL 60190

PHONE: 630.933.6910  
EMAIL: CDHEMS@NM.ORG

WEB: WWW.CDHEMS.COM

**EQUIPMENT AND MEDICATION LIST – BLS NON-TRANSPORT**

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
<b>AIRWAY</b>				
HAND-HELD NEBULIZER	FULL KIT	1 EACH		
SPO2 SENSOR	ADULT; NON-DISPOSABLE	1 EACH		
	PEDIATRIC; NON-DISPOSABLE	1 EACH		
I-GEL SUPRAGLOTTIC AIRWAY	RESUSPACK® SIZE 4	1 EACH		
SALEM SUMP GASTRIC TUBE	12FR (FOR I-GEL USE)	*OPTIONAL*		
<b>PATIENT ASSESSMENT</b>				
BLOOD GLUCOSE MONITOR	DEVICE	1 EACH		
	LANCETS	≥ 10 EACH		
	≥ 10 TEST STRIPS	≥ 10 EACH		
	ALCOHOL PREP PADS	≥ 10 EACH		
N95 RESPIRATOR MASK	SIZE REGULAR	2 EACH		
	SIZE SMALL	2 EACH		
<b>CARDIAC EQUIPMENT</b>				
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)	SYSTEM-APPROVED DEVICE	1 EACH		
MULTI-FUNCTION PADS	MONITOR SPECIFIC; ADULT	1 EACH		
	MONITOR SPECIFIC; PEDIATRIC	1 EACH		

**EQUIPMENT AND MEDICATION LIST – BLS NON-TRANSPORT**

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
<b>TRAUMA / DISASTER</b>				
SMART TRIAGE TAGS	SET OF 10	SET OF 10		
CAT II TOURNIQUET		2 EACH		
<b>PAPER FORMS</b>				
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		
<b>MEDICATION DELIVERY / ADMINISTRATION</b>				
MUCOSAL ATOMIZATION DEVICE (MAD)		1 EACH		
<b>MEDICATIONS</b>				
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	2 EACH		
ASPIRIN	81 MG CHEWABLE TABLET	8 TABLETS		
EPIPEN ADULT	0.3 MG	*OPTIONAL*		
EPIPEN ADULT JR.	0.15 MG	*OPTIONAL*		
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	1 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>