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
- ❑ Roller bandages, self-adhering (4" X 5 yd.)
- ❑ Trauma/universal dressings
- ❑ Sterile gauze pads (4" X 4")
- ❑ Vaseline gauze/Occlusive bandages (3" X 8")
- ❑ Bandage scissors
- ❑ Automatic defibrillator (requires EMS system approval)
- ❑ Adhesive tape rolls
- ❑ Blanket
- ❑ Isolation bag
- ❑ OSHA personal protection items (face/eye mask, gowns)
- ❑ Upper extremity splints
- ❑ Lower extremity splints
- ❑ Oxygen equipment with adult, child, infant masks (one each); cylinder is to be full
- ❑ Non-porous disposable gloves
- ❑ Adult squeeze bag-valve-mask with adult and child mask
- ❑ Child squeeze bag-valve-mask with child and infant mask
- ❑ Oropharyngeal airways (adult, child, infant)
- ❑ Pediatric lower extremity splints

First Responder Optional Equipment

- ❑ Stabilizing device for impailed object/Tourniquet

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

- ❑ Oxygen flowmeter/Regulator for 15 lpm
- ❑ Delivery tubing
- ❑ Nasopharyngeal airways (sizes 12-30 f w/lubricant)
- ❑ Manually operated suction device (IDPH approved)
- ❑ Flashlight
- ❑ Long backboard
- ❑ Cervical collars (adult, child, infant, peds)
- ❑ Blood pressure cuffs (adult, child, infant) with gauges
- ❑ Stethoscope
- ❑ Burn sheet (individually wrapped)
- ❑ Sterile solution (1000cc) in plastic bottles or bags
- ❑ Obstetrical kit, sterile with head cover
- ❑ Cold packs
- ❑ EMS run forms
- ❑ Equipment to allow communication with hospital
- ❑ ILS/ALS system approved equipment (drug box, airway equipment, monitor/defibrillator)

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 _____

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