

# Solano County Health & Social Services Department

Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services



Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

Patrick O. Duterte, Director

Aaron E. Bair, MD  
EMS Agency Medical Director

EMERGENCY MEDICAL SERVICES AGENCY  
275 Beck Avenue MS 5-240  
Fairfield, Ca. 94533  
(707) 784-8155 FAX (707) 421-6682  
www.solanocounty.com

Ted Selby  
EMS Agency Administrator

## POLICY MEMORANDUM 5510

Implementation Date: Jan. 1, 2013

Release date: Nov. 15, 2012

REVIEWED/APPROVED BY:

  
AARON E. BAIR, M.D., EMS AGENCY MEDICAL DIRECTOR

  
TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: AMBULANCE PERMIT AND EQUIPMENT INSPECTION PROCESS**

**AUTHORITY:** Solano County Emergency Medical Services Cooperative (SEMSC)  
Ordinance 11-001; California Health & Safety Code, Division 2.5, 1797.204, 1797.220, 1798.(b), [1798.170]

### PURPOSE/POLICY:

To ensure the public health and safety of the citizens of Solano County by establishing standards and requirements for Basic Life Support (BLS) and Critical Care Transport (CCT)/Specialty Care Transport (SCT) ambulances utilized for transport of Solano County residents.

- I. **PERMIT REQUIRED** – No ambulance owner or operator shall operate or cause to be operated, an ambulance service within Solano County unless a permit for such service provider has been issued, and execution of a written agreement with the SEMSC has taken place. Ambulance operations which originate at a site outside Solano County destined for a location within, through, or outside the County are exempted from the required ambulance permit process.

## **II. INITIAL NON-EMERGENCY AMBULANCE APPLICATION AND INSPECTION PROCESS:**

Applications for CCT/SCT or BLS ambulance permits shall be made to the SEMSC utilizing the application form found on the EMS website, accompanied by such information as may be required by Solano County EMS. (Attachment 1)

A. The EMS Agency will have 60 days to review and process complete Ambulance Application Forms. Applications shall include the following information:

1. Company Name;
2. Company Agent's contact information, including email address;
3. Type of company, e.g. Sole Proprietorship, Partnership, Corporation, etc.;
4. Portfolio of company's experience and training in transportation and care of patients;
5. Description of ambulance(s), including digital pictures and Vehicle Identification Numbers (VIN) of those vehicles to be used in Solano County;
6. Copies of valid California Highway Patrol Inspection Reports for each vehicle;
7. Current copies of appropriate license(s) and/or permits required by State law and regulations;
8. A current roster of staff members, with licensure/certification numbers and expiration dates;
9. Company orientation and training materials used to orient new staff;
10. Copies of most recent financial statement, e.g. revenue, expenditures, balance sheet, etc.;
11. Evidence of current insurance;
12. Evidence of current Worker's Compensation insurance.

B. The appropriate application fee shall be submitted with application.

C. Each ambulance used to originate service in Solano County will undergo an inspection before being used to transport any patient(s). Annual inspections will occur thereafter.

1. An Emergency Medical Services (EMS) Agency Staff member will use the Ambulance Inspection Form to conduct the initial and annual inspection(s) (attachment 2);
2. The appropriate ambulance inspection fee shall be rendered at time of inspection;

SUBJECT: Ambulance Permit and Equipment  
Inspection Process

Policy: 5510  
Implementation Date: Jan. 1, 2013  
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3. EMS Agency staff will work collaboratively with applicant to establish a date and time for the ambulance inspection(s) to be conducted at the ambulance company's headquarters;
  4. Upon successful completion of the ambulance inspection(s), a Solano County authorization decal will be applied to the lower Right Front window of each vehicle;
  5. If an ambulance fails inspection the EMS Staff member will provide the reason for the failure and schedule a re-inspection;
  6. An ambulance operator shall not use an ambulance in Solano County until it has passed inspection and received an authorization decal.
    - If an ambulance operator uses an unauthorized ambulance to originate a patient transport within Solano County they will be subject to penalties delineated in the written agreement for authorization to provide non-exclusive ambulance services in the County of Solano.
  7. An ambulance operator may request to transfer an authorization decal to another unit when the original authorized unit is permanently removed from service. The ambulance operator must submit a written request. The written request must include:
    - a. A statement requesting the transfer of the authorization decal from one unit to another;
    - b. Identification of currently authorized vehicle by the window authorization decal number issued by the Solano County EMS Agency, along with the vehicle identification number;
    - c. Identification of the vehicle to receive the authorization decal;
    - d. Upon receipt of the authorization transfer request and supplemental information, the Solano County EMS Agency will arrange for an ambulance inspection of the vehicle to receive the authorization decal;
    - e. After the vehicle has passed the ambulance inspection an authorization decal will be applied to the unit;
    - f. There is no fee charged for the transfer of an authorization decal.
    - g. Vehicle substitution is not permitted.
- D. Sign a written agreement with Solano County EMS Agency.

- E. Once an Ambulance Company has completed the initial application, undergone and passed the initial ambulance inspection process, and signed an initial written authorization agreement the EMS Agency will within 60 days issue a letter of authorization for a period of one year. At the end of that time period the ambulance company will re-apply for re-authorization and undergo the annual ambulance inspection process. Ambulance companies will adhere to all applicable federal, state, and local laws and regulations, and SEMSC resolutions, regulations, and policies.

### **III. ANNUAL RENEWAL OF NON-EMERGENCY AMBULANCE APPLICATION AND INSPECTION PROCESS:**

- A. Update and/or complete the application on file with Solano County EMS Agency.
- B. Pay appropriate fees.
- C. Undergo ambulance inspection(s) as detailed in section II, C, 1 – 7.
- D. Sign a written agreement with Solano County EMS Agency.
- E. Once an Ambulance Company has completed the updated application, undergone and passed the annual ambulance re-inspection process, and signed a new written authorization agreement the EMS Agency will within 30 days issue a letter of authorization for a period of one year. Ambulance companies will adhere to all applicable federal, state, and local laws, and regulations, and SEMSC resolutions, regulations, and policies.

### **IV. PERSONNEL AND VEHICLE (AMBULANCE) STANDARDS**

- A. Operators will ensure that all ambulance personnel are currently licensed or certified by the appropriate licensing or certifying authority. Any EMT employed and used to transport patients in Solano County must be registered with Solano County EMS.
- B. Operators will ensure that any vehicle used in Solano County complies with all applicable federal, state, and local laws and regulations and SEMSC resolutions, regulations, and policies.
- C. Operators will ensure that any vehicle used in Solano County has undergone the appropriate Solano County ambulance inspection and has a current authorization decal affixed to the lower right front window.
  - Vehicles used in Solano County without a current authorization decal are subject to the penalties outlined in their written authorization agreement.

- D. Operators will ensure that any vehicle used in Solano County has the capability for two way radio and cellular communication with the operators' respective dispatch centers and Solano County hospitals.

## **V. DISASTER SUPPORT**

In the event of a locally declared disaster Operators will fully cooperate and provide response to the disaster when requested by the Medical Health Operational Area Coordinator (MHOAC).

## **VI. PERFORMANCE REVIEW AND INSPECTION**

- A. Solano County EMS Agency shall periodically review the performance of ambulance operators and shall conduct whatever further inquiry or investigation deemed appropriate to determine whether Operators' operations, personnel, equipment, and vehicles comply with all applicable federal, state, and local laws and SEMSC resolutions, regulations, and policies.
- B. Solano County EMS Agency maintains the right to perform unannounced inspections of Operators' facilities and any ambulance vehicles authorized for use in Solano County during normal business hours for the purpose of determining compliance with the signed written authorization agreement and/or applicable federal, state, and local laws and regulations, and SEMSC resolutions, regulations, and policies. Inspections may occur when a unit is waiting for a call or after a call; inspections will not interfere with patient care.
- C. Solano County EMS Agency maintains the right to inspect any and all Patient Care Reports (PCR), dispatch records, Computer Aided Dispatch (CAD) records, records dealing with requests for service, certifications and/or licenses of Operator or its employees, and contracts with any facility located within Solano County to ensure compliance with the signed written authorization agreement and/or all applicable federal, state, and local laws and regulations and SEMSC resolutions, regulations, and policies.

## **VII. SUSPENSION/REVOCAION OF AMBULANCE LICENSE**

In the event Solano County EMS Agency finds that an Authorized Ambulance Operator has violated any of SEMSC's medical control requirements or any applicable federal, state, or local laws or regulations, SEMSC resolutions, regulations and/or policies, the EMS Agency will take any and all appropriate action in accordance with Resolution 11-001 and the Operators' written authorization agreements.

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# APPLICATION FOR AMBULANCE PERMIT (NON-EMERGENCY SERVICE)

SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY  
355 TOULUMNE ST. MS 20-240, SUITE 2400, VALLEJO, CA 94590  
(707) 784-8155

☐ Initial Application    ☐ Renewal Application    ☐ Basic Life Support    ☐ CCT/SCT

## 1. Company Name

Company's Agent for County Permit Process:

Address:

Tel. Number:

Fax Number:

E-Mail Address:

## 2. Form of Ownership

☐ Sole Proprietorship

Name of Owner:

Address:

Tel. Number:

Fax Number:

E-Mail Address:

☐ Partnership

Name:

Address:

Share of Ownership:

Name:

Address:

Share of Ownership:

Name:

Address:

Share of Ownership:

☐ Corporation    ☐ Publicly Traded    ☐ Privately Held (Complete the following for each Corporation Officer)

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Business Name(s) – if different than Company name:

Business Address(es) – if different than Agent's address:

3. Attach portfolio of company's experience and training in transportation and care of patients;

4. Attach separate description of each ambulance for which authorization is being requested, including:

- Make, model, year of manufacture, vehicle identification number, current California license number, and length of time vehicle has been in use;
- Color scheme, insignia, name, monogram, and other distinguishing characteristics of the vehicle;
- Description of the company's program for vehicle maintenance;
- Description of the vehicle's radio(s) capabilities

5. Attach copies of valid California Highway Patrol Inspection Reports for each vehicle;



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355 TOULUMNE ST. MS 20-240, SUITE 2400, VALLEJO, CA 94590  
(707) 784-8155

6. Appropriate license(s) and/or permit(s) required by State law and regulations are current. ☐ Yes ☐ No
7. Attach names, qualifications, and evidence of certification for each EMT-1, Paramedic, and/or Registered Nurse employed, or to be employed, to provide ambulance services;
8. Attach a description of company's training and orientation programs for ambulance personnel and dispatchers;
9. Attach your most recent:
  - Financial statement (revenue, expenditures, balance sheet) stating total assets and liabilities;
  - Evidence of insurance (as required by Authorization Agreement);
  - Evidence of Workers' Compensation Insurance

Permit fees are approved by the SEMSC Board of Directors. The current ambulance permit fee is on file and available at the Emergency Medical Services Agency office.

**Amount enclosed with this application is: \$** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

- |   |  |
|---|--|
| <input type="checkbox"/> Requirements met                 | <input type="checkbox"/> Requirements not met                    |
| <input type="checkbox"/> Application fee/renewal fee paid | <input type="checkbox"/> Non-emergency permit approved           |
| <input type="checkbox"/> Non-emergency permit disapproved | <input type="checkbox"/> Temporary non-emergency permit approved |
| Number of permits: _____                                  | Expiration date: _____   |

**Signature of Permit Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

**PROVIDER:** \_\_\_\_\_ **INSPECTION DATE:** \_\_\_\_\_ **INSPECTED BY:** \_\_\_\_\_  
**UNIT ID#:** \_\_\_\_\_ **LIC #:** \_\_\_\_\_ **VIN #:** \_\_\_\_\_  
**PERMIT #:** \_\_\_\_\_ **VEHICLE MODEL YEAR:** \_\_\_\_\_ **MAKE:** \_\_\_\_\_ **MILEAGE:** \_\_\_\_\_

**CHECK THE EQUIPMENT AND QUANTITY NEEDED, WHETHER AVAILABLE, AND ANY ADDITIONAL INFORMATION AS NEEDED:**

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
<input type="checkbox"/>	Ambulance Gurney/ Breakaway Scoop with Straps Collapsible Stretcher with straps	1			
<input type="checkbox"/>	Pillows	2			
<input type="checkbox"/>	Clean Blanket	2			
<input type="checkbox"/>	Clean Pillowcases	3			
<input type="checkbox"/>	Clean Sheets	6			
<input type="checkbox"/>	Stethoscopes	1			
<input type="checkbox"/>	Adult Sphygmomanometers (BP Cuff)	1			
<input type="checkbox"/>	Pediatric Sphygmomanometers	1			
<input type="checkbox"/>	Flashlight	1			
<input type="checkbox"/>	Alcohol Wipes	20			
<input type="checkbox"/>	Bite Sticks	1			
<input type="checkbox"/>	Sterile OB Kit (gloves, cord tape/clamps, dressings, towels, bulb syringe, clean plastic bags)	1			
<input type="checkbox"/>	Bandage Shears	1			
<input type="checkbox"/>	Band-Aids assorted sizes	5			
<input type="checkbox"/>	Sterile Gauze Pads 4"x4" packaged individually	10			
<input type="checkbox"/>	Combine Dressings (Surgi-pad type) individually packaged, approximately 5"x9"	5			
<input type="checkbox"/>	Universal Dressings (ABD's multi trauma dressings) 10" x 30", compactly folded and packaged in convenient size	3			
<input type="checkbox"/>	Soft Roller. Self-adhering bandages 4"x5 yds. or 3x5 yds.	2			
<input type="checkbox"/>	Soft-roller, self-adhering bandages, 6" x 5 yds. Sterile or non-sterile	2			
<input type="checkbox"/>	Petroleum gauze or other commercially prepared occlusive dressing	2			
<input type="checkbox"/>	Rolls adhesive tape ½" wide	1			



# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
<input type="checkbox"/>	Rolls adhesive tape 1" wide	1			
<input type="checkbox"/>	Rolls adhesive tape 3" wide	1			
<input type="checkbox"/>	Cold Packs	1			
<input type="checkbox"/>	Triangular Bandages 42" wide	2			
<input type="checkbox"/>	Sterile Burn Sheets	2			
<input type="checkbox"/>	Ankle and wrist restraint – soft ties	1 set			
<input type="checkbox"/>	Sterile water 2000 cc	1			
<input type="checkbox"/>	Bed pan or Fracture Pan	1			
<input type="checkbox"/>	Urinal	1			
<input type="checkbox"/>	Adult-sized rigid spine boards, approximately 14" or wider by 72" long each with two sets of straps for immobilization cervical or spinal injuries	1			
<input type="checkbox"/>	Pediatric-sized Rigid spine boards, approximately 14" or wider by 72" long each with two sets of straps for immobilization of cervical or spinal injuries	0			
<input type="checkbox"/>	KED or Rigid spine board, approximately 14" wide by 32" long	1			
<input type="checkbox"/>	Cervical Collars, 1 small, 2 medium, & 1 large or adjustable collars	1			
<input type="checkbox"/>	Head/Neck Stabilization devices	2			
<input type="checkbox"/>	Hare Traction/ Sagar Traction splints	1			
<input type="checkbox"/>	Three 3" x 15" arm splints and three 3" x 36" leg and thigh splints with soft cushioned surface or roll material for padding	3			
<input type="checkbox"/>	D cylinders of oxygen (USP) with on O <sub>2</sub> regulator/flow (portability for two O <sub>2</sub> cylinders required)	3			
<input type="checkbox"/>	Bag-valve-mask unit with reservoir with clear face masks in adult/child sizes	1			
<input type="checkbox"/>	Pediatric, Infant size bag-valve-mask unit with oxygen capability, with clear face mask and infant sizes without pop-off valve				
<input type="checkbox"/>	Nasal cannulas, adult, infant, pediatric sizes	2 sets			
<input type="checkbox"/>	Non-breather face masks, adult, infant, pediatric sizes	1 set			
<input type="checkbox"/>	Face masks, adult, infant, pediatric sizes	1 set			
<input type="checkbox"/>	Oxygen supply extension tubing	1			
<input type="checkbox"/>	Oropharyngeal airways in adult, infant, pediatric sizes	1 set			
<input type="checkbox"/>	Nasopharyngeal airways in assorted sizes	1set			

# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
<input type="checkbox"/>	Portable suction apparatus capable of a vacuum up to 25mm mercury, with wide-boring tubing, and rigid pharyngeal suction tip, and small, medium, and large suction catheters.	1			
<input type="checkbox"/>	K-Y gel or other commercial lubricating gel	1			
<input type="checkbox"/>	Pediatric port-a-warm, neonatal warmer, or blankets to keep neonates warm	1			
<input type="checkbox"/>	Fox shields or oval eye patches	1			
<input type="checkbox"/>	Maps of Solano County or GPS equivalent	1			
<input type="checkbox"/>	Triage Tags and Disaster Materials	20 tags			
<input type="checkbox"/>	1 box of non-sterile gloves	1			
<input type="checkbox"/>	HAZ-MAT Kit <ul style="list-style-type: none"> <li>• 10 Large Bio-Hazard Bags</li> <li>• 4 ea. Disposable gowns, slippers</li> <li>• 4 ea. Surgical masks</li> <li>• 2 pair splash goggles</li> <li>• 2 helmets</li> <li>• 2 safety vests</li> <li>• 2 leather gloves</li> </ul>	1 Kit			
<input type="checkbox"/>	Communication equipment required by the EMS Agency to link with central dispatch	1 set			
<input type="checkbox"/>	Additional supplies and equipment as required by the California Highway Patrol; as required by Title 13, California Code of Regulations.				
<input type="checkbox"/>	Sterile gloves (pair)	2			
<input type="checkbox"/>	CAT Tourniquets	2			
<input type="checkbox"/>	Glucometer with lancets and test strips	1			
<input type="checkbox"/>	Oral Glucose	2			
<input type="checkbox"/>	Epinephrine Auto-Injector Adult	2			
<input type="checkbox"/>	Epinephrine Auto-Injector Pediatric	1			
<input type="checkbox"/>	Naloxone; prefilled kit or 2mg prefilled syringe with 20g needles or mucosal atomizer devices	2 kits OR 2 - 2mg			
<input type="checkbox"/>	Pulse Oximeter with adult, pediatric, and infant sensors	1			
<input type="checkbox"/>	Automatic External Defibrillator with adult and pediatric pads	1			
<input type="checkbox"/>	CPAP Device	1			
<input type="checkbox"/>	Chewable Aspirin 81mg	1 bottle			

# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
	<b>ALS AMBULANCE</b>				
<input type="checkbox"/>	Albuterol; 0.84% solution	6			
<input type="checkbox"/>	Adenosine; 6 mg	5			
<input type="checkbox"/>	Atropine Inj; 1 mg	6			
<input type="checkbox"/>	Atropine Inj; 8 mg, (.4mg/ml)	2			
<input type="checkbox"/>	Calcium Chloride Inj; 10% 1gm	2			
<input type="checkbox"/>	Dextrose 50% Inj; 25 gm	2			
<input type="checkbox"/>	Dextrose 25% Inj; 12.5 gm	1			
<input type="checkbox"/>	Epinephrine Inj ; 1 :1,000 – 1ml	2			
<input type="checkbox"/>	Epinephrine Inj ; 1 :10,000 –10ml	6			
<input type="checkbox"/>	Fentanyl				
<input type="checkbox"/>	Glucagon; 1 unit (1.0mg)	1			
<input type="checkbox"/>	Ipratropium Bromide 0.5mg	6			OPTIONAL
<input type="checkbox"/>	Lidocaine Inj; 100mg OR Amiodarone 150mg	4 6			
<input type="checkbox"/>	Midazolam (Versed) 5mg/2ml	2			
<input type="checkbox"/>	Morphine Sulfate; 10mg	2			
<input type="checkbox"/>	Nitroglycerine; 0.4mg/tablet or spray	2 bottles or 2 spray containers or 1 of ea.			
<input type="checkbox"/>	Naloxone (Narcan) Inj; 2 mg	2			
<input type="checkbox"/>	Normal Saline; 3 ml/unit (bullets)	3			
<input type="checkbox"/>	Ondansetron 4mg IV or ODT	4			
<input type="checkbox"/>	Sodium Bicarbonate 4.2%; 5 mEq/10ml	2			
<input type="checkbox"/>	Pediatric Sodium Bicarbonate 4.2%; 5mEq/10ml	1			
<input type="checkbox"/>	Normal Saline IV bags	4 liters total			
<input type="checkbox"/>	IV Administration sets (micro)	4			
<input type="checkbox"/>	IV Administration sets (macro)	4			
<input type="checkbox"/>	3-way stopcock/extension tubing	2			
<input type="checkbox"/>	T-Connector	2			
<input type="checkbox"/>	22 g IV catheters (catheter-over-needle type)	2			
<input type="checkbox"/>	20 g IV catheters (catheter-over-needle type)	2			

# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
<input type="checkbox"/>	18 g IV catheters (catheter-over-needle type)	2			
<input type="checkbox"/>	16 g IV catheters (catheter-over-needle type)	2			
<input type="checkbox"/>	14 g IV catheters (catheter-over-needle type)	2			
<input type="checkbox"/>	10 or 12 ml syringes with needle	2			
<input type="checkbox"/>	5 or 6 ml syringes with needle	2			
<input type="checkbox"/>	3 ml syringes with needle	2			
<input type="checkbox"/>	1 ml syringes with needle	2			
<input type="checkbox"/>	18 g needles, 1-1/2"	2			
<input type="checkbox"/>	Sodium Chloride for irrigation (1000ml, sterile)	2			
<input type="checkbox"/>	Water for Irrigation (1000 ml., sterile)	2			
<input type="checkbox"/>	Hand-held disposable nebulizers	2			
<input type="checkbox"/>	30 or 50 ml syringes w/luer-lock hub	2			
<input type="checkbox"/>	Pediatric tapes for calculating pediatric medication dosages	1			
<input type="checkbox"/>	Neck blocks or equivalent device to restrict movement	2 sets			
<input type="checkbox"/>	Adult & Pediatric lower extremity traction splint. Surface or roll material for padding.	1 each 3 each			
<input type="checkbox"/>	Bulb syringe	1			
<input type="checkbox"/>	Cuffed endotracheal tubes (11 total to a set) <input type="checkbox"/> 2 each of the following sizes: 7.0, 7.5, 8.0 <input type="checkbox"/> 1 each of the following sizes: 6.0, 6.5	1 set			
<input type="checkbox"/>	Non-cuffed endotracheal tubes (6 total to a set) 1 each of following sizes: 2.5, 3.0, 4.0, 4.5, 5.0 & 5.5	1 set			CCT OR ALS RN ONLY
<input type="checkbox"/>	Endotracheal tube tie downs or holders	1 set			
<input type="checkbox"/>	Malleable, round-tipped stylet	1			
<input type="checkbox"/>	Laryngoscope handle with light with: <input type="checkbox"/> Adult straight #4 blade <input type="checkbox"/> Adult curved #3 blade <input type="checkbox"/> Infant straight #1 blade <input type="checkbox"/> Infant curved #2 blade <input type="checkbox"/> spare bulb <input type="checkbox"/> spare batteries	1 1 1 1 1 1 1 set			
<input type="checkbox"/>	Magill forceps, adult and pediatric sizes	1 each			
<input type="checkbox"/>	End tidal CO <sub>2</sub> monitor	1 each			
<input type="checkbox"/>	Esophageal detection device (bulb or syringe type)	1			

# SOLANO COUNTY EMS AGENCY

## AMBULANCE INSPECTION FORM

### (BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
<input type="checkbox"/>	Thoracostomy Kit for pleural decompression of tension pneumothorax (or approved equivalent)	1			
<input type="checkbox"/>	Needle cricothyrotomy kit (or approved equivalent)	1			
<input type="checkbox"/>	Container to dispose of needles and other medical waste	1			
<input type="checkbox"/>	Other specialized equipment authorized by the EMS Medical director: <input type="checkbox"/> King Airway (1 set of 3) <input type="checkbox"/> CPAP devices <input type="checkbox"/> EZ IO <input type="checkbox"/> Glucose monitoring device <input type="checkbox"/> Pulse oximetry monitor <input type="checkbox"/> External cardiac pacing equipment	1 1 1 1 1 1 Set			
<input type="checkbox"/>	Saline Lock Supplies	2			
<input type="checkbox"/>	Portable, battery powered Monitor-Defibrillator with permanent tape print-out and cardiovert & pacing feature.	1			
<input type="checkbox"/>	Adult and Pediatric defibrillation paddles or "hands-free" equivalent	1 each			
<input type="checkbox"/>	Batteries for monitor/defibrillator and any other battery-operated equipment	1 set + 1 back-up			
<input type="checkbox"/>	Set of leads	2			
<input type="checkbox"/>	External Cardiac Pacer Pads Sets of leads	1			
<input type="checkbox"/>	Spare roll of EKG paper	1			
<input type="checkbox"/>	Sets of Electrodes	3			
<input type="checkbox"/>	IV Labels for adding medication	5			

**SOLANO COUNTY EMS AGENCY**  
**AMBULANCE INSPECTION FORM**  
**(BLS/ALS/CCT/SCT)**

[illegible]

**SOLANO COUNTY EMS AGENCY**  
**AMBULANCE INSPECTION FORM**  
**(BLS/ALS/CCT/SCT)**

INSPECTED AS: BLS: ☐ ALS: ☐ CCT/SCT: ☐

INSPECTION NOTES:

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**PASS:** \_\_\_\_\_ **FAIL:** \_\_\_\_\_ Remediation Required: \_\_\_\_\_

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I certify that all required supplies are stocked on this unit and understand that any unit may be inspected by EMS Agency staff at any time with or without notice.

**Inspector Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_