MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES

AMBULANCE INSPECTION REPORT FORM - BLS SUPPLIES & VEHICLE EQUIPMENT

OEMS FORM 500-22 (5/2000) **M**

UNIT ID NO | PAGE OF

SERVICE NUMBER	SERVICE NAME	AMB. CERT#	EXP	CLASS	VEH. TYPE	LEVEL	DATE

VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NO	INSPECTED BY	INSPECTION TYPE
			☐ Pre-Inspect ☐ Remount ☐ Replace ☐ Addition ☐ Interim ☐ Renew

LOCATION	CHASSIS/ DATE	BODY/DATE	MILEAGE

CREW NAME 1	EMT NUMBER	EMT EXP	ACLS EXP	CPR EXP	DR. LIC.
CREW NAME 2	EMT NUMBER	EMT EXP	ACLS EXP	CPR EXP	DR. LIC.

INSPECTION CODES
1 = COMPLIANT
11= CORRECTED DURING INSP.
20= NOT COMPLIANT
21= PARTIALLY COMPLIANT
30= UNSANITARY - BIOHAZARD
31= UNSANITARY -OTHER
90= OTHER

	INSPECTION CODES	BLS SUPPLIES
M01		(1) AMBULANCE COT
M02A		(1) ADULT BAG MASK VENTILATOR
M02B		(1) PEDI & INFANT BAG MASK VENTILATOR
M03A		(1) PORTABLE O2 RESUSC. W/ ACCESSORIES
M03B		INSTALLED O2 SYSTEM SUPPLIES
M04		1 PORTABLE SUCTION UNIT/with BSI equipment
M05		#1 FIRST AID KIT
M05A		#2 FIRST AID KIT
M06		TRACTION SPLINTS (Adult, Child)W/ACCESSORIES
M07		PADDED BOARD SPLINTS (2 @ 3 SIZES)
M08		(1) FULL SPINE BOARD W/ACCESSORIES
M08A		(1) HALF SPINE BOARD or KED w/ACCESSORIES
M09		STAIR CHAIR
M10		AUXILIARY STRETCHER
M11		TRANSFER SHEET
M12		AIRWAYS: (6) OROPHARYNGEAL, (8) NASAL (6) PEDI NASAL
M13		(24) STERILE GAUZE PADS 4"x4"
M14		(12) STERILE DRESSINGS 5"x9" or SANITARY NAPKINS
M15		(6) STERILE UNIVERSAL DRESSINGS 10"x30"
M16		(12) ROLLER BANDAGE 3" or 4"
M17		(12) TRIANGULAR BANDAGES
M18		ADHESIVE TAPE (4) 1"x5 w/(1) hypoallergenic
M19		(1) BANDAGE SHEARS
M20		(2) BURN SHEETS - sanitary wrapped
M21		OBSTETRICAL KIT - w/swader system
M22		POISON ANTIDOTE KIT - charcoal w/measuring device

	INSPECTION CODES	BLS SUPPLIES
M23		(3) IRRIGATION FLUID
M24		(1) ROLL STERILE ALUMINUM FOIL 12"X25' or adult space blanket
M25		(1) ROLL POLYETHYLENE FILM
M26		(1) ADULT BEDPAN
M27		(2) MOTION SICKNESS BAGS
M28		(2) PILLOWS W/WATERPROOF COVERS
M29		LINEN: (8) SHEETS - (4) BLANKETS - (4) TOWELS
M30		(2) BOXES DISPOSABLE PAPER TISSUES
M31		DISPOSABLE DRINKING CUPS
M32		(4) COLD PACKS
M33		(2) INFECTION CONTROL KITS
M34		(2) GLUCOSE paste or equiv. w/wrapped tongue depressors
M35		(1) RING CUTTER
M36		(1) EA. SPHYGMOMANOMETER(S) ADULT, CHILD, INFANT, LARGE
M37		(1) STETHOSCOPE in patient compartment
M38		(2) PLASTIC BAGS WITH TIES
M39		CONTAMINATED TRASH CONTAINER W/ BIO-HAZARD BAGS & TIES
M40		SHARPS CONTAINER - min. 8" height
M41		(2) EYE SHIELDS/FACE MASK
M42		GLOVES - three different sizes
M43		HAND CLEANER
M44		SEMI-AUTOMATIC DEFIBRILATOR (AED) - effective 3/2002
M45		LATEX FREE KIT

		OTHER SUPPLIES
Z01		AUTO-INJECTOR EPINEPHRINE
Z02		CPR BOARD

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection form, applicable supplemental forms and corrective action statements

SIGNATURE OF INSPECTOR _____ DATE _____

SIGNATURE OF PERSON IN CHARGE OF SERVICE _____ DATE _____

PLAN OF CORRECTION DUE

WHITE = SERVICE ORIGINAL

YELLOW = OEMS COPY