Multnomah County Emergency Medical Services

ADVANCED LIFE SUPPORT
Ground Ambulance Inspection Form
2026

☐ INITIAL INSPECTION	☐ RE-INSPECTION
☐ ANNOUNCED INSPECTION	

Date of Inspection:			
Start Time:			
Agency Name:			
Contact Person:			
Office Phone:			
Cell phone:			
Email:			
Business Address:			
City:		State: Oregon	Zip:
Physical Address:			
City:		State: Oregon	Zip:

Level of Care:

☐ ALS	☐ CCT

Vehicle Information:

☐ New in Service		☐ Reserve Unit
Make of Vehicle:	Year of Manufacture:	
License Plate:	Vehicle Shop Number:	
VIN:	Mileage:	
Model: ☐ Type I ☐ Type II	☐ Type III ☐ Other:_____	

Pass:	**Present and in good working order or placed at time of inspection**
Fail:	**Not present or not in good working order**
Notes:	**Note any item placed on the unit at time of inspection or any other relevant comment**
MCEMS:	**Indicates Multnomah County EMS requirements in addition to Oregon Health Authority requirements**
State of Oregon Requirement:	**Equipment/supplies that are required by the Oregon Health Authority EMS and Trauma Services. See Chapter 333-250-0000 to 333-255-0125**

Rating Categories:

Any issue of equivalency is the responsibility of the licensee.

A number represents the required inventory for a unit to be placed into service. A number in parenthesis in the minimum quantity required for a unit to remain in service after beginning the duty hours. Example: Obstetrical Kit (Disposable) 2 (1)

Any pertinent notes will be documented in the NOTES section.

Oregon Health Authority
Public Health Division - Chapter 333
Division 255
AMBULANCE VEHICLE LICENSING
333-255-0060
Ground Ambulance Construction Criteria
Updated: January 01, 2026

(3) A ground ambulance vehicle must be:

(a) Certified by the manufacturer as meeting the construction criteria in place at the time of the vehicle's construction; and

(b) Constructed under and meet one of the following criteria:

(A) For ground ambulance vehicles constructed between June 1, 2002 and July 31, 2007, the U.S. General Services Administration (GSA), June 1, 2002, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822E);

(B) For ground ambulance vehicles constructed between August 1, 2007 and June 30, 2016, the U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822F);

(C) For ground ambulance vehicles constructed between July 1, 2016 and June 30, 2022:

(i) The Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard (GVS) for Ambulances, v.1.0 Edition, July 1, 2016, or v.2.0 Edition, July 1, 2019; or

(ii) The National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition or 2019 Edition;

(D) For ground ambulance vehicles constructed on or after July 1, 2022:

(i) The CAAS, GVS, v.2.0 Edition, July 1, 2019 or v. 3.0 Edition, July 1, 2022; or

(ii) The NFPA, Standard for Automotive Ambulances, NFPA 1917, 2019 Edition, or the NFPA, Standard for Aircraft Rescue and Firefighting Vehicles, Automotive Fire Apparatus, Wildland Fire Apparatus, and Automotive Ambulances, NFPA 1900, 2024 Edition.

(4) A licensed ambulance service must have a ground ambulance vehicle that meets the construction standards specified in paragraph (3)(b)(A) of this rule inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician. The licensed ambulance service must obtain documentation from the EVT that the ambulance is in good operating condition and meets minimum safety requirements.

(5) A licensed ambulance service that remounts a licensed ground ambulance vehicle must apply for a new ambulance vehicle license prior to operating the remounted vehicle.

(6)(a) An ambulance manufacturer, a vehicle modifier, a remount center, or ambulance service agency with an established in-house remount program must be registered with the National Highway Transportation Safety Administration (NHTSA) and meet the requirements of the Federal Motor Vehicle Safety Standards.

(b) The Oregon Health Authority (Authority) may require any organization identified in subsection (6)(a) of this rule completing a remount to provide a notarized statement that the structural integrity of the specific patient compartment was not compromised during the remounting and must provide a Final Stage Vehicle Manufacturing Certificate of Compliance.

(7)(a) A licensed ambulance service may establish an in-house remount program by obtaining the necessary training, appropriate equipment, facilities, and registration with NHTSA to remount a vehicle to the described standard.

(b) An in-house remount program must be registered with the CAAS in order to remount a ground ambulance vehicle in accordance with the CAAS remount standards.

(8)(a) The Authority shall only approve an application for a remounted ground ambulance vehicle if the remounted ground ambulance vehicle complies with:

(A) CAAS, GVS, v.2.0 Edition, Section F, dated July 1, 2019, incorporated by reference;

(B) CAAS, GVS, v.3.0 Edition, Section F, dated July 1, 2022, incorporated by reference;

(C) NFPA 1917, 2019 Edition, Chapter 10, incorporated by reference; or

(D) NFPA 1900, 2024 Edition, Chapter 34, incorporated by reference.

Vehicle Equipment Minimum Standards for ALS/BLS Ambulance

NOTE: The following ground ambulance construction criteria was previously an OHA 333-255-0060 requirement; MCEMS will maintain same requirements regardless of age of vehicle

Audio Warning Devices

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
1	Siren - electronic with two (2) speakers mounted in front grille	☐	☐	
1	Public address system	☐	☐	
1	Backup alert system	☐	☐	
1	Horn	☐	☐	

Visual Warning and Lighting Devices

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
2	Headlights - white with dim/ bright switch	☐	☐	
2	Front side marker lights (amber)	☐	☐	
2	Front side reflectors (amber)	☐	☐	
2	Front turn signals (amber)	☐	☐	
2	Front identification lights (amber)	☐	☐	
2	Front clearance lights (amber)	☐	☐	
2	Rear side marker lights (red)	☐	☐	
2	Rear side reflectors (red)	☐	☐	
2	Rear back reflectors (red)	☐	☐	
2	Rear identification lights (red)	☐	☐	
2	Rear clearance lights (red)	☐	☐	
2	Rear tail lights (red)	☐	☐	
2	Rear brake lights (red)	☐	☐	
2	Rear turn signal lights (red or amber)	☐	☐	
2	Rear backup lights (white)	☐	☐	
2	Rear license plate lights (white)	☐	☐	
2	Front warning light (red)	☐	☐	
2	Front warning light (white)	☐	☐	
2	Rear warning lights (red)	☐	☐	
1	Rear warning light (amber)	☐	☐	
2 per side	Side warning lights (red)	☐	☐	
2	Grille lights (red)	☐	☐	
1 per side	Intersection lights (white)	☐	☐	
1+ per side	Flood light(s)	☐	☐	
1	Rear flood light(s)	☐	☐	
---	Interior lighting	☐	☐	

Shocks, Tires and Tire Changing Equipment

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
2	Front tires (minimum tread of 3/32" even wear and good condition)	☐	☐	
2	Rear tires (minimum tread of 3/32" even wear and good condition)	☐	☐	
1	*Spare tire (minimum tread of 3/32" even wear and good condition)	☐	☐	
1	Procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench	☐	☐	
1	**Lug wrench	☐	☐	
1	**Jack with handle	☐	☐	
---	Main brakes (in good working condition)	☐	☐	
---	Parking brake (in good working condition)	☐	☐	
2	Front and rear shocks	☐	☐	

* Optional
** Only required if vehicle carries spare tire

Engine, Transmission and Electrical System

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
---	Engine oil level	☐	☐	
---	Transmission fluid level	☐	☐	
1	Ignition switch	☐	☐	
1	Electrical system	☐	☐	
1	Battery system, (dual 12-volt system with labeled selector device)	☐	☐	
---	Vented and secured battery compartment	☐	☐	

Exhaust System

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
---	Exhaust system (in good working condition with mufflers and tailpipes vented to sides of vehicle)	☐	☐	

Windows, Mirrors

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
1	Windshield free from excessive rock chips or cracks	☐	☐	
2	Windshield wipers in good working condition	☐	☐	
1	Windshield washer unit functional with sufficient washer fluid	☐	☐	
1	Windshield defroster	☐	☐	
---	Side and rear windows free from excessive rock chips or cracks	☐	☐	
1	Window/door access between cab and patient compartment	☐	☐	
2	Side rear view mirrors R & L	☐	☐	

Seat Belts

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
2	Seatbelt for each seat in cab	☐	☐	
---	Seatbelt for each seat in patient compartment	☐	☐	

Heating, Cooling and Ventilation Systems

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
1	Heater - front	☐	☐	
1	Heater - rear	☐	☐	
1	Air conditioner - front	☐	☐	
1	Air conditioner - rear	☐	☐	
1	Exhaust fan - rear	☐	☐	

Safety Signage

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
2	"Fasten Seatbelt" signs conspicuously displayed in both driver and patient compartment DRIVER ☐ PATIENT ☐	☐	☐	
2	"No Smoking - Oxygen Equipped" signs conspicuously displayed in both driver and patient compartment DRIVER ☐ _ PATIENT ☐ _	☐	☐	

Security and Rescue Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Fire extinguisher, 5 lb type 2A-10BC must be mounted and accessible in either the driver or patient compartment	☐	☐	
6	Nonflammable roadside warning devices that are reflective or illuminated	☐	☐	
2	Portable reusable light source, such as a flashlight or headlamp	☐	☐	
2 pair	Leather gloves for each crew member	☐	☐	
2+	American National Standards Institute (ANSI) Class 2 or 3 reflective vests or outerwear for each crew member	☐	☐	
1	2024 DOT ERG Hazmat Guidebook	☐	☐	
1	**24" crow bar	☐	☐	
1	**51" wrecking bar	☐	☐	

**ORS 333-255-0072 - Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment

Stretcher, Pediatric Restraint System

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Wheeled stretcher: ☐ Capable of securely fastening to the ambulance body; ☐ Having restraining devices for the legs, pelvis, torso and two over-the-shoulder straps; ☐ Containing a standard size foam mattress with a fluid resistant cover; ☐ Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position	☐	☐	
1	Appropriately-sized child restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported	☐	☐	
---	Linen supplies and replacements to cover stretcher	☐	☐	
---	Pillow and blanket (MCEMS)	☐	☐	

Communications System

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
1	Two-way radio communication equipment to provide reliable contact between the ambulance and central dispatch, the receiving hospital, and online medical direction	**Mobile** VHF ☐ UHF ☐ 800 MHz ☐ **Portable** VHF ☐ UHF ☐ 800 MHz ☐	☐	☐	
		Automatic Vehicle Locator (AVL)	☐	☐	AMR MCEMS units only
		Mobile Terminal Vehicle Adaptor (Radio Charger)	☐	☐	AMR MCEMS units only
		Mobile Data Terminal (MDT) **MDT Name:**	☐	☐	AMR MCEMS units only
		Cell phone	☐	☐	

Patient Care Reporting

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Supplies necessary to complete an electronic patient care report as outlined in 333-250-0310	ePCR system	☐	☐	
		Information Refusal Forms	☐	☐	
5	Oregon Trauma System ID bracelets		☐	☐	
25	Trauma Triage tags		☐	☐	

Signage, Licenses & Certificates

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
Sides	12" to 16" "Star-of-Life" emblem on left and right side panels		☐	☐	"Star-of-Life" emblem: Shall comply with the specifications adopted by the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA).
Roof	32" blue "Star-of-Life" emblem		☐	☐	
Rear		"Star-of-Life" emblem not less than 6" centered on each rear door panels	☐	☐	
Front		3" blue Star-of-Life emblem located left and right of the word "AMBULANCE"	☐	☐	
Front	**Word "AMBULANCE" not less than 4" block letters in mirror image, centered above the grille (or approved alternative; see below)		☐	☐	
Sides and Rear	**Word "AMBULANCE" in 6" block letters and centered on rear door panels (or approved alternative)	**Word "AMBULANCE" in 6" block letters on each side (or approved alternative)	☐	☐	
Sides	Service name or logo in a location that does not interfere with the term "AMBULANCE" (or approved alternative) or the "Star-of-Life" emblem		☐	☐	
1		Final stage vehicle manufacturing certificate: **Location:** **Year:**	☐	☐	
1		OHA-EMS ambulance license **Location:** **License #:** **Expiration Date:**	☐	☐	
Sides		Display level of service (i.e. BLS, CCT, Paramedic Unit, etc)	☐	☐	
Rear		MCEMS ambulance license decal with current year sticker (rear window)	☐	☐	
Sides		Sign reading "EMERGENCY DIAL 911" on each side	☐	☐	
Sides		Unit ID placard in 4" block numbers located in rear, sides and front	☐	☐	AMR MCEMS units only
Sides		"Multnomah County EMS" at least 4" letters with County Logo	☐	☐	AMR MCEMS units only

__ORS 333-255-0060 - Acceptable alternatives for the word "AMBULANCE" include generic terms that do not connote any particular level of service, limited to "MEDIC UNIT," "FIRE MEDIC UNIT," "EMERGENCY MEDICAL SERVICES," or "EMS UNIT".

Ambulance Exterior

No. of Items	State of Oregon Requirement	MCEMS			Pass	Fail	Notes:
	**See below	**Basic color**: **Stripe color**: **Lettering color:**			☐	☐	
		Need of body work?			☐	☐	
		☐	Yes	☐ No			
		Need of painting?			☐	☐	
		☐	Yes	☐ No			
		Cleanliness?			☐	☐	
		☐	Unsatisfactory	☐ Satisfactory			

**ORS 333-255-0060 (11) A ground ambulance vehicle must have an exterior color, emblems, and markings that ensure the prompt recognition of that vehicle as an ambulance. All ground ambulance vehicles must be clearly identified by appropriate emblems and markings on the front, side, roof, and rear of the vehicle.

Ambulance Interior

No. of Items	State of Oregon Requirement	MCEMS			Pass	Fail	Notes:
		Need of upholstery work?			☐	☐	
		☐	Yes	☐ No			
		Equipment organized in a neat and organized manner?			☐	☐	
		☐	Yes	☐ No			
		Cleanliness?			☐	☐	
		☐	Unsatisfactory	☐ Satisfactory			

Patient Care Equipment - All Licensees
Onboard Installed Medical Oxygen System

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Installed medical oxygen cylinder with a capacity of at least 3,000 liters and having not less than 500 psi **The installed medical oxygen cylinder must be located in a vented compartment	☐	☐	
1	Oxygen pressure regulator set to at least 50 psi Pressure regulator meter and controls visible and accessible from inside the patient compartment	☐	☐	
2	Oxygen flow-meters; adjustable over a minimum range of 0 to 15 liters per minute. Must be readable from the provider seat and squad bench	☐	☐	

*** ORS 333-255-0072 (3.B) - The compartment shall not be utilized for storage of any non-secured equipment. No combustible items shall be stored in the oxygen compartment.*

Patient Care Equipment - All Licensees
Portable Medical Oxygen Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Portable medical oxygen cylinder with a capacity of at least 300 liters and having not less than 500 psi	☐	☐	
1	Yoke regulator with a pressure gauge and non-gravity-dependent flow meter that is visible and accessible to the medical personnel adjustable over a minimum range of 0 to 15 liters per minute	☐	☐	
1	Spare portable oxygen cylinder that is full, tagged, sealed and securely mounted	☐	☐	

Intermediate Level Service Ambulance
Multnomah County EMS does not recognize the Intermediate level Scope of Practice for ambulance licensees. No equipment list or requirements for MCEMS exist at the Intermediate level.

Medical Oxygen Administration Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
3	<u>Adult</u> non-rebreather masks with tubing		☐	☐	
2	<u>Infant and Pediatric</u> non-rebreather masks with tubing	2 (1)	☐	☐	
3	<u>Adult</u> oxygen nasal cannula with tubing that is transparent and disposable	<u>Adult</u> nasal cannula and nasal cannula with EtCO2	☐	☐	
2	<u>Infant and Pediatric</u> oxygen nasal cannula with tubing that is transparent and disposable	<u>Infant/Pediatric</u> nasal cannula and nasal cannula with EtCO2	☐	☐	
1 each	**Bag-valve-mask ventilation device reservoir and masks in <u>neonate, infant, pediatric and adult</u> sizes; must have a standard universal adapter, be operable with or without an oxygen supply, be manually operated and self-refilling		☐	☐	
3 (1)	Nebulizer	<u>Adult</u> nebulizer - 3 (1) <u>Adult</u> aerosol mask with tubing - 3 (1)	☐	☐	
2		<u>Pediatric</u> nebulizer mask with tubing	☐	☐	
1	Continuous oxygen saturation monitor in <u>pediatric and adult</u> sizes		☐	☐	
1	End-tidal CO2 detection device		☐	☐	
2 each	Oropharyngeal airways in <u>neonate to adult</u> sizes	50 mm to 110 mm	☐	☐	
1 each	Supraglottic airway devices in <u>neonate to adult</u> sizes	i-Gel sizes 1, 1.5, 2, 2.5, 3, 4, 5	☐	☐	
2	Nasopharyngeal airways in <u>neonate to adult</u> sizes	12 FR to 32 FR	☐	☐	
2		PEEP valve 2 (1)	☐	☐	
2 (1)		Lubricant (e.g. KY) **Earliest Expiration Date**:	☐	☐	
2 (1)		CPAP device	☐	☐	

** "Neonate to adult" means appropriately sized equipment to fit <u>neonate, infant, pediatric, and adult</u> patients

Suction Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
2	Two suction apparatus that shall: -be electrically operated or battery operated with pressure regulator -if battery powered, have enough back-up batteries to maintain suction during transport	Onboard suction unit electrically operated Portable suction unit which can operate independent from electrical source Must provide adequate suction and be adjustable for pediatrics	☐	☐	
2	Adequate supply of wide-bore suction tubing	2 (1)	☐	☐	
2	Adequate supply of commercial rigid oral suction devices in neonate, infant, pediatric and adult sizes	Yankauer suction tip or equivalent 2 (1)	☐	☐	
2	Adequate supply of commercial flexible pharyngeal and tracheal suction catheters in neonate, infant, pediatric and adult sizes	8 FR, 12 FR, 16 FR 2 (1)	☐	☐	
4		8oz bottle of water for clearing suction tubing 250 mL 2 (1)	☐	☐	
2	Collection canisters, either disposable or sealable liners, with adequate capacity	Canisters with lids 2 (1)	☐	☐	

Cardiac Monitoring Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
1	Cardiac monitoring equipment; battery powered manual monitor defibrillator capable of recording an ECG reading	**Cardiac monitor with 12 lead, SpO2, EtCO2, NiBP, data transmission, pacing and defibrillation capabilities	☐	☐	
---	Hands-free defibrillation combination pads - <u>adult</u>	2 (1)	☐	☐	
---	Hands-free defibrillation combination pads - <u>pediatric</u>	2 (1)	☐	☐	
---	ECG electrodes <u>pediatric and adult</u> sizes	Adult - 10 Pediatric - 10	☐	☐	
2 sets	ECG patient cables	2 (1)	☐	☐	
---	ECG monitor paper	3 (1)	☐	☐	
---		12-Lead cables 2 (1)	☐	☐	
---		SpO2 cables 2 (1)	☐	☐	
---		Pacing / Defibrillation cables	☐	☐	
3		EtCO2 probes for endotracheal tubes	☐	☐	
1		AICD deactivation magnet	☐	☐	
1		Benzoin Swab	☐	☐	
1		Prep razor	☐	☐	

**Portable cardiac monitor/defibrillator must be capable of operating independently of an electrical outlet and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS Supervising Physicians standing orders and be inclusive of the American Heart Association or equivalent standards and guidelines for emergency cardiac care.

Immobilization Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
1	Traction splints capable of <u>pediatric and adult</u> application	Slishman splint or equivalent	☐	☐	
3 (1)	Extremity splints in <u>pediatric and adult</u> sizes	Cardboard arm and leg splints 3 (1)	☐	☐	
4 (2)	Extrication collars in assorted <u>pediatric and adult</u> sizes	Adequate number of restraining devices and sufficient supplies for immobilizing the head	☐	☐	
1 each	Pelvic sling in <u>pediatric, adult and extra-large</u> sizes	Pelvic Wrap (all sizes)	☐	☐	
1	Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for spinal motion restriction		☐	☐	
2	Long backboard with necessary restraining devices with sufficient supplies for spinal motion restriction	2 (1)	☐	☐	
1	<u>Pediatric</u> backboard with necessary restraining straps with sufficient supplies for spinal motion restriction		☐	☐	
1		KED (or equivalent) with head pad	☐	☐	
1		Stair Chair	☐	☐	AMR MCEMS units only

Bandaging and Dressing Material - Trauma Care

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Bandages and dressings in assorted sizes		☐	☐	
1	Wound packing material, including hemostatic dressings	Combat gauze	☐	☐	
1	Bandage shears		☐	☐	
2 (1)	Occlusive dressings or equivalent	2 (1)	☐	☐	
3 (1)	Adhesive (consider hypo-allergenic) tape in assorted sizes	1" 2"	☐	☐	
2	Commercially manufactured arterial tourniquet	CAT Trauma Tourniquet or equivalent	☐	☐	
Large stack		Non-sterile 4x4 gauze sponges	☐	☐	
25		Sterile 4x4 gauze sponges	☐	☐	
4		Sterile bulk trauma dressings 8x30 (4) or 7x8 (4)	☐	☐	
4		Triangular bandages	☐	☐	
1		Coban wrap	☐	☐	
10		Conforming gauze bandages (kling)	☐	☐	
1		Burn sheet (fabric preferred)	☐	☐	
2		Rigid eye shields	☐	☐	
24		Band-Aids	☐	☐	
2		Nose clamp	☐	☐	
1		Israeli emergency bandage	☐	☐	AMR MCEMS units only
1		LSI Kit	☐	☐	AMR MCEMS units only

Miscellaneous Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Emesis containers/bags	6 (3)	☐	☐	
1 each	Stethoscope: <u>pediatric and adult</u>		☐	☐	
1 each	Aneroid sphygmomanometer in <u>pediatric, adult and bariatric</u> sizes	NiBP and Manual blood pressure cuffs - <u>infant, child, adult, large</u>	☐	☐	
2	Obstetrical kit (disposable)	2 (1)	☐	☐	
1	Hypothermia thermometer		☐	☐	
1		Oral thermometer with protective case	☐	☐	
1		Rectal thermometer with protective case	☐	☐	
4	Chemical cold packs	4 (3)	☐	☐	
4	Chemical hot packs	4 (3)	☐	☐	
1 each	Urinals; female and male		☐	☐	
1	Bedpan		☐	☐	
2 sets	Commercially available soft restraints	Soft restraints (2 sets)	☐	☐	
1	Digital or mechanical means to test blood glucose level		☐	☐	
1 bottle (min 5)		Blood glucose strips	☐	☐	
		Earliest Expiration Date:			
1		LUCAS device (or other mechanical CPR device)	☐	☐	AMR MCEMS units require LUCAS
1	Irrigation solution		☐	☐	
---		Spit hood 2 (1)	☐	☐	
1		Meconium Aspirator	☐	☐	
2		Infant hat 2 (1)	☐	☐	
2		Pediatric arm board 2 (1)	☐	☐	

Personal Protective Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
1 each	Non-latex disposable gloves	Small, Medium, Large, X-Large	☐	☐	
6	Surgical masks	6 (4)	☐	☐	
6	HEPA or N95 mask in provider appropriate sizes for each crew member	Hepa face masks, NIOSH approved N95 Small, Medium, Large 6 (4)	☐	☐	
2+	Protective eyewear	1 per crew member	☐	☐	
---	Disposable isolation gowns	6 (4)	☐	☐	
1	Commercial antimicrobial hand cleanser		☐	☐	
1	Surface cleaning disinfectant		☐	☐	
1	Sharps container for the patient compartment		☐	☐	
1	Sharps container for each kit carrying needles		☐	☐	
	Infectious waste disposable bags		☐	☐	
2		Powered Air Purifying Respirator (PAPR) One (1) for each crew member	☐	☐	

Advanced Life Support

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Copy of standing orders dated within one year and signed by the EMS Medical Director	Copy of current MCEMS Protocols (Consortium Protocols for Clackamas Co or Washington Co agencies)	☐	☐	
---	A quick reference guide or other reference material that provides appropriate guidance for <u>pediatric</u> drug dosing and equipment sizing	<u>Pediatric</u> Guide – current edition	☐	☐	
---	**Storage and security of medications including controlled substances 333-250-0265 1(b)	Secured lock box for narcotics	☐	☐	
2 (1)	Nasogastric tubes in sizes to fit <u>neonates to adults</u>	Nasogastric tube 5 FR, 12 FR, 14 FR 2 (1)	☐	☐	
1 each	Primary and secondary laryngoscope devices <u>neonate to adult</u> sizes	Curved and straight blades - <u>Neonate to Adult</u>	☐	☐	
1		Video Laryngoscope (McGrath, GlideScope)	☐	☐	
1 each		VL blades - #2, #3, #4			
2 each		Spare dated batteries for laryngoscope handles **Earliest Expiration Date:**	☐	☐	
	Endotracheal tubes in sizes to fit <u>neonates to adults</u>		☐	☐	
2 each (1)	Uncuffed 2.5mm and 3.0 mm	<u>Pediatric</u> endotracheal tubes sizes 2.5 - 6.5	☐	☐	
2 each (1)		<u>Adult</u> endotracheal tubes sizes 7.0 - 8.5	☐	☐	
1	Magill Forceps — <u>pediatric and adult</u>		☐	☐	
2 each (1)		Endotracheal tube holder - <u>adult and pediatric</u>	☐	☐	
2 each (1)	Intubation stylettes - <u>pediatric and adult</u>	Tracheal introducer (Bougie and S-Guide) - <u>pediatric and adult</u>	☐	☐	
2 (1)		Tracheal lumen airway device (Quicktrach; surgical cricothyroidomy kit, etc)	☐	☐	
---	Chest decompression equipment - 23g max length 2cm, 14g max length 3.8cm,14g or larger min length 8.25 cm	Chest decompression kit AND 12 ga catheter/10 ga catheter 2 (1)	☐	☐	
2		ARS needles 2 (1)	☐	☐	

**Storage and security of medications including controlled substances if authorized by the EMS medical director that meet the requirements of the Oregon Board of Pharmacy in OAR chapter 855 and the US Drug Enforcement Administration found in 21 CFR 1301.75(b)

Intravenous Fluids and Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
6	Six (6) liters physiologic isotonic crystalloid solution or combinations thereof	Intravenous fluids:			
		Normal Saline 500 mL ☐ 1000mL ☐ **Earliest Expiration Date:**	☐	☐	
		Lactated Ringers 500 mL ☐ 1000mL ☐ **Earliest Expiration Date:**	☐	☐	
6 (2)	Intravenous administration sets: macro-drip	Regular administration set (15 gtt/cc)	☐	☐	
2 (1)	Intravenous administration sets: micro-drip	Buretrol administration set (60 gtt/cc)	☐	☐	
4 (2)		Blood pump administration set (10gtt/cc)	☐	☐	
---		Battery operated IV pump with tubing	☐	☐	
8		Extension set (5" minimum)	☐	☐	
6 (2)	Latex free venous tourniquets	IV tourniquet: disposable <u>adult and pediatric</u>	☐	☐	
24		IV dressing (Ops site dressing)	☐	☐	
8		Sodium Chloride preload "flushes" **Earliest Expiration Date:**	☐	☐	
2 (1)		Three-way stopcock	☐	☐	
50(10)		Cleansing pads, alcohol or betadine	☐	☐	
2		Atomizer	☐	☐	
		Fluid cooler	☐	☐	AMR MCEMS units only

Intravenous Fluids and Equipment (continued)

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge				
4 (2)		14 gauge	☐	☐	
4 (2)		16 gauge	☐	☐	
10 (4)		18 gauge	☐	☐	
10 (4)		20 gauge	☐	☐	
4 (2)		22 gauge	☐	☐	
4 (2)		24 gauge	☐	☐	
2 each	Specifically-designed needles or device with needles for intraosseous infusions	EZ IO needles 15mm, 25mm, 45mm 2 (1)	☐	☐	
	Syringes, sterile				
	Syringes of various sizes				
4 (2)		1 cc	☐	☐	
4 (2)		2 cc or 3 cc	☐	☐	
4 (2)		5 cc	☐	☐	
4 (2)		10 cc	☐	☐	
2 (1)		20 cc	☐	☐	
2 (1)		60 cc catheter tip 2 (1)	☐	☐	
2 (1)		60 cc luer lock	☐	☐	
	Needles, Sterile, Straight				
	Needles of various sizes including sizes suitable for intramuscular injections				
4 (2)		Straight	☐	☐	
4 (2)		20g or 21g or 22g	☐	☐	
4 (2)		18g or 19g	☐	☐	
4 (2)		Filter straws or filter needles	☐	☐	
4 (2)		Twin Paks or equivalent	☐	☐	

Required Multnomah County Medications

Activated Charcoal	☐ 50 g -- 2 (1)
Earliest Expiration Date:	
Adenosine	☐ 6 mg or 12 mg (3 mg/mL) -- 5 (2)
Earliest Expiration Date:	
Albuterol	☐ 2.5 mg/3 mL -- 6 (2)
Earliest Expiration Date:	
Alprozolam (Xanax)	☐ 0.25 mg tablets
Earliest Expiration Date:	
Amiodarone	☐ 150 mg/3 mL -- 4 (2)
Earliest Expiration Date:	
Aspirin	☐ 81 mg tablets -- 1 bottle
Earliest Expiration Date:	
Atropine	☐ 1 mg/10 mL -- 6 (3)
Earliest Expiration Date:	
Calcium Gluconate	☐ 10% (.465 mg/mL) -- 2 (1)
Earliest Expiration Date:	
Dexamethasone (Decadron)	☐ 10 mg/mL -- 2
Earliest Expiration Date:	
Dextrose (IV) D50 or D25 or D10	☐ 50%, 50 mL (0.5 g/mL) -- 3 (2)
Earliest Expiration Date:	
Dextrose (Oral)	☐ 24 g -- 2 (1)
Earliest Expiration Date:	
Diphenhydramine	☐ 50 mg/mL -- 2 (1)
Earliest Expiration Date:	
Epinephrine	☐ 1:1,000, 1 mg/mL -- 6 (3)
Earliest Expiration Date:	
	☐ 1:10,000, 1 mg/10 mL -- 6 (4)
Earliest Expiration Date:	
Esmolol	☐ 100 mg/10 mL -- 2 (1)
Earliest Expiration Date:	
Etomidate (Amidate)	☐ 40 mg (2 mg/mL) -- 2 (1)
Earliest Expiration Date:	
*Fentanyl (Sublimaze)	☐ 100 mcg/2 mL -- 10 (5)
Earliest Expiration Date:	
Furosemide (Lasix)	☐ 40 mg/4 mL -- 2 (1)
Earliest Expiration Date:	
Glucagon	☐ 1 mg/mL -- 2 (1)
Earliest Expiration Date:	
Haloperidol (Haldol)	☐ 5-10 mg
Earliest Expiration Date:	
Ipratropium (or DuoNeb)	☐ 1 mg/ml -- 6 (2)
Earliest Expiration Date:	
*Ketamine	☐ 50mg/ml
Earliest Expiration Date:	

* must be locked and counted at each shift change

Medication		
Ketorolac (Toradol)	☐	30 mg/mL -- 2 (1)
Earliest Expiration Date:		
Labetalol	☐	100 mg/20 mL (5mg/mL) 2 (1)
Earliest Expiration Date:		
Lidocaine	☐	2%, 100 mg/5 ml 4 (2)
	☐	2%, viscous Jelly 2
Earliest Expiration Date:		
*Lorazepam (Ativan)	☐	1 mg PO
Earliest Expiration Date:		
Magnesium Sulfate	☐	10% 2g/20cc -- 4 (2)
Earliest Expiration Date:		
*Midazolam (Versed)	☐	10mg/2ml -- 4 (1)
Earliest Expiration Date:		
*Morphine Sulfate	☐	10mg
Earliest Expiration Date:		
Naloxone (Narcan)	☐	2mg/2ml -- 6 (3)
Earliest Expiration Date:		
Nitroglycerine	☐	Tablets 0.4 mg -- 9 (1) 2 bottles
Earliest Expiration Date:		
Norepinephrine (Levophed)	☐	1mg/1mL 4 ml vial -- 2
Earliest Expiration Date:		
Olanzapine (Zyprexa)	☐	10 mg ODT -- 5
Earliest Expiration Date:		
Ondansetron (Zofran)	☐	4mg/2mL 6 (2) 6 vials also carry ODT 8 mg and 4 mg
Earliest Expiration Date:		
Oxytocin	☐	10 units/mL
Earliest Expiration Date:		
Prochlorperazine (Compazine)	☐	10mg/2mL
Earliest Expiration Date:		
Proparacaine	☐	0.5% Ophthalmic drops bottle 15 mL
Earliest Expiration Date:		
Racemic Epinephrine	☐	11.25 mg (0.5 mL)
Earliest Expiration Date:		
Rocuronium	☐	10mg/1mL Multiple dose vial
Earliest Expiration Date:		
Sodium Bicarbonate	☐	50 mEq/50 mL -- 3 (2)
Earliest Expiration Date:		
Succinylcholine	☐	500 mg -- 2(1)
Earliest Expiration Date:		
Tranexamic Acid (TXA)	☐	1,000 mg/10 mL
Earliest Expiration Date:		
Vecuronium	☐	10 mg-powder (1mg/mL)
Earliest Expiration Date:		
Ziprasidone (Geodon)	☐	20 mg
Earliest Expiration Date:		

* must be locked and counted at each shift change

MULTNOMAH COUNTY INSPECTION FINDINGS and DISPOSITION

Initial Inspection Acceptable:

☐	PASS Date:

Initial Inspection NOT Acceptable:

☐	FAIL Deficiencies noted below Date:

Re-inspection acceptable:

☐	YES Date:	☐	NO Date:

Copy of Ground Ambulance Inspection Form to Oregon Health Authority office:

Date:	Time:	Sent by:	Mode:
			☐ Electronic ☐ Mail

INSPECTION COMPLETED BY:

Name:	Date:	Time:	Location:

Prior to issuing of the Multnomah County decals indicating licensure within Multnomah County, the agency must provide:

- **Copy of the Ambulance License issued by the Oregon Health Authority:**
- **Completed MCEMS Ambulance License application with applicable fee:**
- **Copy of insurance card or certificate of insurance:**
- **For the Multnomah County contractor, the ambulance title has been received at the MCEMS office:**

Date Multnomah County tags delivered:

Person Delivering Tags:

NOTES