



Multnomah County Emergency Medical Services



BASIC LIFE SUPPORT Ground Ambulance Inspection Form 2026

☐ INITIAL INSPECTION
☐ ANNOUNCED INSPECTION

☐ RE-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:

| | |
|------------------------------|------------------------------|
| <input type="checkbox"/> BLS | <input type="checkbox"/> CCT |
|------------------------------|------------------------------|

Vehicle Information:

| | | | |
|---|---------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> New in Service | | <input type="checkbox"/> Reserve Unit | |
| Make of Vehicle: | | Year of Manufacture: | |
| License Plate: | | Vehicle Shop Number: | |
| VIN: | | Mileage: | |
| Model: | <input type="checkbox"/> Type I | <input type="checkbox"/> Type II | <input type="checkbox"/> Type III |
| <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Public address system | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Backup alert system | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Horn | <input type="checkbox"/> | <input type="checkbox"/> | |

Visual Warning and Lighting Devices

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

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) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Rear tires (minimum tread of 3/32" even wear and good condition) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | *Spare tire (minimum tread of 3/32" even wear and good condition) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | **Lug wrench | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | **Jack with handle | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Main brakes (in good working condition) | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Parking brake (in good working condition) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Front and rear shocks | <input type="checkbox"/> | <input type="checkbox"/> | |

* Optional

** Only required if vehicle carries spare tire

Engine, Transmission and Electrical System

| No. of Items | MCEMS Requirement | Pass | Fail | Notes: |
|--------------|--|--------------------------|--------------------------|--------|
| --- | Engine oil level | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Transmission fluid level | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Ignition switch | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Electrical system | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Battery system, (dual 12-volt system with labeled selector device) | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Vented and secured battery compartment | <input type="checkbox"/> | <input type="checkbox"/> | |

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) | <input type="checkbox"/> | <input type="checkbox"/> | |

Windows, Mirrors

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

Seat Belts

| No. of Items | MCEMS Requirement | Pass | Fail | Notes: |
|--------------|---|--------------------------|--------------------------|--------|
| 2 | Seatbelt for each seat in cab | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Seatbelt for each seat in patient compartment | <input type="checkbox"/> | <input type="checkbox"/> | |

Heating, Cooling and Ventilation Systems

| No. of Items | MCEMS Requirement | Pass | Fail | Notes: |
|--------------|-------------------------|--------------------------|--------------------------|--------|
| 1 | Heater - front | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Heater - rear | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Air conditioner - front | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Air conditioner - rear | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Exhaust fan - rear | <input type="checkbox"/> | <input type="checkbox"/> | |

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 <input type="checkbox"/> PATIENT <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | "No Smoking - Oxygen Equipped" signs conspicuously displayed in both driver and patient compartment DRIVER <input type="checkbox"/> PATIENT <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Nonflammable roadside warning devices that are reflective or illuminated | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Portable reusable light source, such as a flashlight or headlamp | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 pair | Leather gloves for each crew member | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2+ | American National Standards Institute (ANSI) Class 2 or 3 reflective vests or outerwear for each crew member | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2024 DOT ERG Hazmat Guidebook | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | **24" crow bar | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | **51" wrecking bar | <input type="checkbox"/> | <input type="checkbox"/> | |

**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 | <p>Wheeled stretcher:</p> <p><input type="checkbox"/> Capable of securely fastening to the ambulance body;</p> <p><input type="checkbox"/> Having restraining devices for the legs, pelvis, torso and two over-the-shoulder straps;</p> <p><input type="checkbox"/> Containing a standard size foam mattress with a fluid resistant cover;</p> <p><input type="checkbox"/> Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | <p>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</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Linen supplies and replacements to cover stretcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Pillow and blanket (MCEMS) | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | VHF <input type="checkbox"/> UHF <input type="checkbox"/> | | | |
| | | 800 MHz <input type="checkbox"/> | | | |
| | | Portable | | | |
| | | VHF <input type="checkbox"/> UHF <input type="checkbox"/> | | | |
| | | | | | |
| | | Cell phone | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | Information Refusal Forms | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Oregon Trauma System ID bracelets | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | Trauma Triage tags | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | | <input type="checkbox"/> | <input type="checkbox"/> | "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 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rear | | "Star-of-Life" emblem not less than 6" centered on each rear door panels | <input type="checkbox"/> | <input type="checkbox"/> | |
| Front | | 3" blue Star-of-Life emblem located left and right of the word "AMBULANCE" | <input type="checkbox"/> | <input type="checkbox"/> | |
| Front | **Word "AMBULANCE" not less than 4" block letters in mirror image, centered above the grille (or approved alternative; see below) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | | Final stage vehicle manufacturing certificate: Location: Year: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | | OHA-EMS ambulance license Location: License #: Expiration Date: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sides | | Display level of service (i.e. BLS, CCT, Paramedic Unit, etc) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rear | | MCEMS ambulance license decal with current year sticker (rear window) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sides | | Sign reading "EMERGENCY DIAL 911" on each side | <input type="checkbox"/> | <input type="checkbox"/> | |

****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: | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | Need of body work? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Need of painting? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cleanliness? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Equipment organized in a neat and organized manner? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cleanliness? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Oxygen pressure regulator set to at least 50 psi Pressure regulator meter and controls visible and accessible from inside the patient compartment | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | |

*** 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Spare portable oxygen cylinder that is full, tagged, sealed and securely mounted | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | <u>Infant and Pediatric</u> non-rebreather masks with tubing | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | <u>Adult</u> oxygen nasal cannula with tubing that is transparent and disposable | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | <u>Infant and Pediatric</u> oxygen nasal cannula with tubing that is transparent and disposable | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 (1) | Nebulizer | <u>Adult</u> nebulizer - 3 (1) <u>Adult</u> aerosol mask with tubing - 3 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | <u>Pediatric</u> nebulizer mask with tubing | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Continuous oxygen saturation monitor in <u>pediatric and adult</u> sizes | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | End-tidal CO2 detection device | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 each | Oropharyngeal airways in <u>neonate to adult</u> sizes | 50 mm to 110 mm | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 each | Supraglottic airway devices in <u>neonate to adult</u> sizes | i-Gel sizes 1, 1.5, 2, 2.5, 3, 4, 5 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Nasopharyngeal airways in <u>neonate to adult</u> sizes | 12 FR to 32 FR | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 (1) | | Lubricant (e.g. KY) Earliest Expiration Date: | <input type="checkbox"/> | <input type="checkbox"/> | |

** "Neonate to adult" means appropriately sized equipment to fit neonate, infant, pediatric, and adult 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Adequate supply of wide-bore suction tubing | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Adequate supply of commercial rigid oral suction devices in <u>neonate, infant, pediatric and adult</u> sizes | Yankauer suction tip or equivalent 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Adequate supply of commercial flexible pharyngeal and tracheal suction catheters in <u>neonate, infant, pediatric and adult</u> sizes | 8 FR, 12 FR, 16 FR 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | 8oz bottle of water for clearing suction tubing 250 mL 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Collection canisters, either disposable or sealable liners, with adequate capacity | Canisters with lids 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |

Cardiac Monitoring Equipment

| No. of Items | State of Oregon Requirement | MCEMS | Pass | Fail | Notes: |
|--------------|--|---------------------------------|--------------------------|--------------------------|--------|
| 1 | Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic external defibrillator (AED) with pediatric capabilities | AED with pediatric capabilities | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Hands-free defibrillation combination pads - <u>adult</u> | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Hands-free defibrillation combination pads - <u>pediatric</u> | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |

****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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 (1) | Extremity splints in <u>pediatric and adult</u> sizes | Cardboard arm and leg splints 3 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 (2) | Extrication collars in assorted <u>pediatric and adult</u> sizes | Adequate number of restraining devices and sufficient supplies for immobilizing the head | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 each | Pelvic sling in <u>pediatric, adult and extra-large</u> sizes | Pelvic Wrap (all sizes) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for spinal motion restriction | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Long backboard with necessary restraining devices with sufficient supplies for spinal motion restriction | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | <u>Pediatric</u> backboard with necessary restraining straps with sufficient supplies for spinal motion restriction | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | | Stair Chair - RECOMMENDED | <input type="checkbox"/> | <input type="checkbox"/> | |

Bandaging and Dressing Material - Trauma Care

| No. of Items | State of Oregon Requirement | MCEMS | Pass | Fail | Notes: |
|--------------|--|---|--------------------------|--------------------------|--------|
| --- | Bandages and dressings in assorted sizes | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Wound packing material, including hemostatic dressings | Combat gauze | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Bandage shears | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 (1) | Occlusive dressings or equivalent | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 (1) | Adhesive (consider hypo-allergenic) tape in assorted sizes | 1" 2" | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Commercially manufactured arterial tourniquet | CAT Trauma Tourniquet or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | |
| Large stack | | Non-sterile 4x4 gauze sponges | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | | Sterile 4x4 gauze sponges | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | Sterile bulk trauma dressings 8x30 or 7x8 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | Triangular bandages | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | | Coban wrap | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | | Conforming gauze bandages (Kling) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | | Burn sheet (fabric preferred) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | Rigid eye shields | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | | Band-Aids | <input type="checkbox"/> | <input type="checkbox"/> | |

Miscellaneous Equipment

| No. of Items | State of Oregon Requirement | MCEMS | Pass | Fail | Notes: |
|------------------|---|---|--------------------------|--------------------------|--------|
| --- | Emesis containers/bags | 6 (3) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 each | Stethoscope: <u>pediatric and adult</u> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 each | Aneroid sphygmomanometer in <u>pediatric, adult and bariatric</u> sizes | NiBP and Manual blood pressure cuffs - <u>infant, child, adult, large</u> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Obstetrical kit (disposable) | 2 (1) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Hypothermia thermometer | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Chemical cold packs | 4 (3) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Chemical hot packs | 4 (3) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 each | Urinals; female and male | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Bedpan | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 sets | Commercially available soft restraints | Soft restraints (2 sets) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Digital or mechanical means to test blood glucose level | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 bottle (min 5) | | Blood glucose strips | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | Earliest Expiration Date: | | | |
| 1 | Irrigation solution | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Surgical masks | 6 (4) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | HEPA or N95 mask in provider appropriate sizes for each crew member | Hepa face masks, NIOSH approved N95 Small, Medium, Large 6 (4) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2+ | Protective eyewear | 1 per crew member | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | Disposable isolation gowns | 6 (4) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Commercial antimicrobial hand cleanser | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Surface cleaning disinfectant | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Sharps container for the patient compartment | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Sharps container for each kit carrying needles | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Infectious waste disposable bags | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | Powered Air Purifying Respirator (PAPR) One (1) for each crew member | <input type="checkbox"/> | <input type="checkbox"/> | |

Medical Treatment Reference Guides

| 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 County or Washington County agencies) | <input type="checkbox"/> | <input type="checkbox"/> | |
| --- | 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 | <input type="checkbox"/> | <input type="checkbox"/> | |

MULTNOMAH COUNTY INSPECTION FINDINGS and DISPOSITION

Initial Inspection Acceptable:

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | PASS Date: |
|--------------------------|---------------|

Initial Inspection NOT Acceptable:

| | |
|--------------------------|---|
| <input type="checkbox"/> | FAIL Deficiencies noted below Date: |
|--------------------------|---|

Re-inspection acceptable:

| | | | |
|--------------------------|--------------|--------------------------|-------------|
| <input type="checkbox"/> | YES Date: | <input type="checkbox"/> | NO Date: |
|--------------------------|--------------|--------------------------|-------------|

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

| | | | |
|-------|-------|----------|---|
| Date: | Time: | Sent by: | Mode: |
| | | | <input type="checkbox"/> Electronic <input type="checkbox"/> 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

