



Oregon Health Authority
&
Multnomah County Emergency Medical Services
2022-2023



BASIC LIFE SUPPORT
Ground Ambulance Inspection Form

<input type="checkbox"/> INITIAL INSPECTION	<input type="checkbox"/> RE-INSPECTION
<input type="checkbox"/> ANNOUNCED INSPECTION	<input type="checkbox"/> SELF INSPECTION

Date:			
Time:			
Agency Name:			
Contact Person:			
Office Phone:			
Cell Phone:			
Fax:			
Email:			
Business Address:			
City:	State: Oregon	Zip:	
Physical Address:			
City:	State:	Zip:	

Level of Care:

<input type="checkbox"/> Basic Life Support only	
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Vehicle Status:

<input type="checkbox"/> New in Service	<input type="checkbox"/> On-line Unit	<input type="checkbox"/> Reserve Unit
Make of Vehicle:	Year of Manufacture:	
License:	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

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 is the minimum quantity required for a unit to remain in service after beginning the duty hours, for 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: July 01, 2022

- (B) On or after July 1, 2022, if the new ground ambulance vehicle is constructed to comply with
- (i) The **CAAS, GVS, v.2.0 Edition**, July 1, 2019, incorporated by reference; or
 - (ii) The **NFPA, Standard for Automotive Ambulances, NFPA 1917, 2019 Edition**, incorporated by reference.
- (b) Prior to granting an application for licensure, a new ground ambulance vehicle must have:
- (A) A CAAS GVS certification sticker and verification document(s); or
 - (B) An NFPA certification sticker and verification document(s).
- (3)(a) The Authority may only approve an initial application for a previously operated ground ambulance vehicle if the vehicle meets any one of the following construction criteria:
- (A) The U.S. General Services Administration (GSA), November 1, 1994, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822D);
 - (B) The U.S. General Services Administration (GSA), June 1, 2002, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822E);
 - (C) The U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822F);
 - (D) 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
 - (E) The National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition or 2019 Edition.
- (b) A previously operated ground ambulance vehicle that meets the construction standards specified in paragraph (3)(a)(A) or (B) of this rule, must be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance is in good operating condition and meets minimum safety requirements.
- (4) A licensed ambulance service that remounts a licensed ground ambulance vehicle or previously operated ground ambulance vehicle must apply for a new, initial ambulance vehicle license prior to operating the remounted vehicle.
- (5) The Authority shall only approve an initial application for a remounted Type I or Type III ground ambulance vehicle received by the Authority between June 28, 2021 and June 30, 2022, if:
- (a) The patient compartment was built after November 1, 1994; and
 - (b) The remounting work is completed by a:
 - (A) Recognized ambulance manufacturer;
 - (B) Recognized vehicle modifier;
 - (C) Remount center; or
 - (D) Licensed ambulance service with an established in-house remount program and is inspected by a certified EVT in accordance with subsection (3)(b) of this rule.
 - (c) The remounting work is completed in accordance with any federal regulations, any nationally recognized vehicle modification techniques, and using any industry standard parts and components.
- (6) A recognized ambulance manufacturer, a recognized vehicle modifier, a remount center, or ambulance service agency with an established in-house remount program completing a remount shall 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 licensed ambulance service may establish an in-house remount program by obtaining the necessary training, appropriate equipment and facilities to remount a vehicle to the described standard.
- (8) The Authority shall only approval an initial application for a remounted Type I or Type III ground ambulance vehicle received by the Authority on or after July 1, 2022 if the ground ambulance vehicle complies with either the CAAS, GVS, v.2.0 Edition, Section F, dated July 1, 2019, incorporated by reference or the NFPA 1917, 2019 Edition, Chapter 10 incorporated by reference.
- (a) The remounted ground ambulance vehicle shall show evidence of the CAAS GVS remount standard compliance sticker, or the NFPA 1917 certification and payload label.
 - (b) The licensed ambulance service shall maintain appropriate documentation confirming compliance with the remount standard.

Vehicle Equipment Minimum Standards for ALS/BLS Ambulance

NOTE: The following ground ambulance construction criteria was previously a 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 grille	<input type="checkbox"/>	<input type="checkbox"/>	
1	Public address system	<input type="checkbox"/>	<input type="checkbox"/>	
1	Horn	<input type="checkbox"/>	<input type="checkbox"/>	
1	Backup alert system	<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 lights	<input type="checkbox"/>	<input type="checkbox"/>	
1	Rear flood light	<input type="checkbox"/>	<input type="checkbox"/>	
---	Interior lighting	<input type="checkbox"/>	<input type="checkbox"/>	

Payload, Shocks, Tires and Tire Changing Equipment

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
---	Payload capacity: _____ Unloaded _____ Loaded	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

Engine, Transmission and Electrical Systems

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 (with all lights on, amp meter reads)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Battery system, (dual 12-volt system with labeled selector device)	<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 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"/>	
2	"Fasten Seatbelt" signs conspicuously displayed in both driver's and patient compartments driver's <input type="checkbox"/> patient's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OHA Requirement
2	"No Smoking - Oxygen Equipped" signs conspicuously displayed in both driver's and patient compartments driver's <input type="checkbox"/> patient's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OHA Requirement

Heating, Cooling and Ventilation Systems

No. of Items	MCEMS Requirement	Pass	Fail	Notes:
1	Heater front	<input type="checkbox"/>	<input type="checkbox"/>	
1	Heater patient compartment	<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 patient compartment	<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 from patient and driver's compartment	<input type="checkbox"/>	<input type="checkbox"/>	
6	Nonflammable roadside warning devices that are reflective or illuminated	<input type="checkbox"/>	<input type="checkbox"/>	
1	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	**24" crow bar	<input type="checkbox"/>	<input type="checkbox"/>	
1	**51" wrecking bar	<input type="checkbox"/>	<input type="checkbox"/>	
1	2020 DOT ERG Hazmat Guidebook	<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>A wheeled stretcher:</p> <p>Capable of securely fastening to the ambulance body;</p> <p>Having restraining devices for the legs, pelvis, torso and two over the shoulder straps;</p> <p>Containing a standard size foam mattress with a fluid resistant cover; and</p> <p>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"/>	
---	<p>Linen supplies and replacements to cover stretcher</p>	<input type="checkbox"/>	<input type="checkbox"/>	
---	<p>Pillow and blanket (MCEMS)</p>	<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"/>			
		800 MHz <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Cellular Telephone	<input type="checkbox"/>	<input type="checkbox"/>	

Patient Care Reporting

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Patient care report system as outlined in 333-250-0310	ePCR system	<input type="checkbox"/>	<input type="checkbox"/>	
5	Oregon Trauma System ID bracelets		<input type="checkbox"/>	<input type="checkbox"/>	
25	Triage tags		<input type="checkbox"/>	<input type="checkbox"/>	

Signage, Licenses & Certificates

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
2	12" to 16" "Star-of-Life" emblem on left and right side panels		<input type="checkbox"/>	<input type="checkbox"/>	
Top	32" blue "Star-of-Life" in emblem		<input type="checkbox"/>	<input type="checkbox"/>	
Rear	"Star-of-Life" emblem not less than 6" in emblem on each rear door		<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" blue block letters on each side and rear (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 the "Star-of-Life" emblem (or approved alternative)		<input type="checkbox"/>	<input type="checkbox"/>	
1		Final stage vehicle manufacturing certificate: Location: Year:	<input type="checkbox"/>	<input type="checkbox"/>	Must comply with CAAS GVS v2.0 or NFPA 1917 Standard for Automotive Ambulances or U.S. General Services Administration (GSA) KKK-A-1822F
1		OHA-EMS ambulance license Location: Rear window License # Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	
Sides		Display level of service (i.e. Paramedic Unit, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
		MCEMS Ambulance license decal Rear window ambulance license	<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," "EMS UNIT" or other phrases as the Authority, in its sole discretion, may permit.

Ambulance Exterior

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
	**	Basic color: Stripe color: Lettering color:	<input type="checkbox"/>	<input type="checkbox"/>	
		Need of body work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Need of painting? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Cleanliness? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	

**ORS 333-255-0060 (10) - The owner of a ground ambulance must select an exterior color, emblems, and markings for the ground ambulance vehicle that will ensure the prompt recognition of that vehicle as an ambulance. All ground ambulance vehicles shall 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Equipment organized in a neat and organized manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Cleanliness? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	

**Patient Care Equipment - BLS Level of Care
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	<input type="checkbox"/>	<input type="checkbox"/>	

**Patient Care Equipment - BLS Level of Care
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"/>	

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

Intermediate Level Service Ambulance

Multnomah County EMS does not recognize the Intermediate level Scope of Practice for ambulance licensees; Therefore, no equipment list or requirements for MCEMS Exist.

Medical Oxygen Administration Equipment

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

Suction Equipment

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
1	Onboard suction unit electrically operated		<input type="checkbox"/>	<input type="checkbox"/>	
1	Portable suction unit which can operate independent from electrical source and have enough back-up batteries to maintain suction during routine transport		<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"/>	
---		Must provide adequate suction and be adjustable for pediatrics	<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	Adequate supply of wide-bore tubing	2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Adequate supply of commercial rigid pharyngeal curved suction tips in neonate to adult sizes	Yankauer suction tip or equivalent 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Adequate supply of commercial flexible suction catheters in neonate to adult sizes	8 FR, 12 FR, 16 FR 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	

Cardiac Monitoring Equipment - Basic Life Support requirements

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 patches for AED - ADULT	2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
---	Hands-free defibrillation patches for AED - PEDIATRIC	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	Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for spinal motion restriction		<input type="checkbox"/>	<input type="checkbox"/>	
1	Short backboard or equivalent with necessary restraining devices with sufficient supplies for spinal motion restriction	KED or equivalent	<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	Pediatric backboard with necessary restraining straps with sufficient supplies for spinal motion restriction		<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)	Extrication collars in assorted pediatric and adult sizes	Adequate number of restraining devices and sufficient supplies for immobilizing the head	<input type="checkbox"/>	<input type="checkbox"/>	
1	Traction splints capable of pediatric and adult application	Sager splint or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	
3 (1)	Extremity splints in pediatric and adult sizes	Cardboard arm and leg splints 3 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
1 each	Pelvic sling in pediatric, adult and extra-large sizes	Pelvic Wrap	<input type="checkbox"/>	<input type="checkbox"/>	
1		Stair Chair	<input type="checkbox"/>	<input type="checkbox"/>	

Bandaging and Dressing Material

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Bandages and dressings in assorted sizes				
10		Conforming gauze bandages	<input type="checkbox"/>	<input type="checkbox"/>	
25		Sterile 4x4 gauze sponges	<input type="checkbox"/>	<input type="checkbox"/>	
Large stack		Non-sterile 4x4 gauze sponges	<input type="checkbox"/>	<input type="checkbox"/>	
2 (1)	Occlusive dressings or equivalent	2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
4		Sterile bulk trauma dressings 8x30 (4) or 7x8 (4)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Commercially manufactured arterial tourniquet	CAT Trauma Tourniquet or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	
	Wound packing material, including hemostatic dressings	Combat gauze			
4		Triangular bandages	<input type="checkbox"/>	<input type="checkbox"/>	
3 (1)	Adhesive (consider hypo-allergenic) tape in assorted sizes	1" 2"	<input type="checkbox"/>	<input type="checkbox"/>	
1	Bandage shears		<input type="checkbox"/>	<input type="checkbox"/>	
2	Commercially packaged or sterile burn sheets	Burn sheet *sterile or fabric	<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:
2	Obstetrical kit (disposable)	2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Hypothermia thermometer		<input type="checkbox"/>	<input type="checkbox"/>	
1		Oral thermometer with protective case	<input type="checkbox"/>	<input type="checkbox"/>	
1		Rectal thermometer with protective case	<input type="checkbox"/>	<input type="checkbox"/>	
---	Chemical cold packs	6 (3)	<input type="checkbox"/>	<input type="checkbox"/>	
---	Chemical hot packs	6 (3)	<input type="checkbox"/>	<input type="checkbox"/>	
---	Emesis containers/bags	6 (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"/>	
1 set	Commercially available soft restraints	Soft restraints (1 set/2 packages)	<input type="checkbox"/>	<input type="checkbox"/>	
---		Spit hood 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
1 each	Stethoscope adult and pediatric		<input type="checkbox"/>	<input type="checkbox"/>	
1 each	Aneroid sphygmomanometer in pediatric, adult and bariatric sizes	NiBP and Manual blood pressure cuffs - infant, child, adult, large	<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"/>	
2+	Protective eyewear	1 per crew member	<input type="checkbox"/>	<input type="checkbox"/>	
---	Disposable isolation gowns	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"/>	
6	Surgical masks	6 (4)	<input type="checkbox"/>	<input type="checkbox"/>	
2		Powered Air Purifying Respirator (PAPR) One (1) for each crew member	<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"/>	

Medical Treatment Reference Guides

No. of Items	State of Oregon Requirement	MCEMS	Pass	Fail	Notes:
---	Copy of Treatment Protocols signed by supervising physician within the past year	Current copy of MCEMS Protocols	<input type="checkbox"/>	<input type="checkbox"/>	
---	A quick reference guide or other reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing	Pediatric Guide – current edition	<input type="checkbox"/>	<input type="checkbox"/>	
---	**Storage and security of medications including controlled substances 333-250-0265 1(b)	Secured lock box for narcotics, if appropriate for agency	<input type="checkbox"/>	<input type="checkbox"/>	

**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)

MULTNOMAH COUNTY INSPECTION FINDINGS and DISPOSITION

Initial Inspection Acceptable:

<input type="checkbox"/>	PASS Date:
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Initial Inspection NOT Acceptable:

<input type="checkbox"/>	FAIL Deficiencies noted below Date:
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Re-inspection acceptable:

<input type="checkbox"/>	YES Date:	<input type="checkbox"/>	NO Date:
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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:**
- **License fee(s) as required.**

Date Multnomah County tags delivered:

Person Delivering Tags:

NOTES

