

Sacred Mountain Medical Services, Inc.
Ambulance Check-Off Sheet

Date:	Unit/Shop:	Crew:
License:	Mileage:	Crew:
Legend: ✓ = OK NA = Not Applicable SN = see notes (if you write "SN" you need to explain in the notes section)		
<p>EXTERIOR</p> <p>Body and Paint (dents, rusting, etc.) _____</p> <p>Markings (peeling, fading, etc.) _____</p> <p>Side Mounted Mirrors (secure, chips, etc.) _____</p> <p>Windshield and Window Glass (chips, cracks) _____</p> <p>Fuel Cap (tightness, locking mechanism, etc.) _____</p> <p>Front Bumper (secure, dents, etc.) _____</p> <p>Exhaust/Muffler (secure, leaks, etc.) _____</p> <p>Undercarriage (leaks, loose bolts, etc.) _____</p> <p>Compartment Doors (operation, locking, etc.) _____</p>	<p>ENGINE COMPARTMENT</p> <p>Oil (level, color, odor, etc.) _____</p> <p>Transmission (level, color, odor, etc.) _____</p> <p>Power Steering fluid (level, leaks, etc.) _____</p> <p>Brake fluid (level, leaks, etc.) _____</p> <p>Air Filter (clean) _____</p> <p>Belts (condition) _____</p> <p>Hoses (condition, leaks, etc.) _____</p> <p>Battery(ies) (leaks, corrosion, tightness, etc.) _____</p> <p>Cooling System (level, leaks, etc.) _____</p> <p>Windshield Washer fluid (level, leaks, etc.) _____</p> <p>Hood latching system (ease of operation) _____</p> <p>Exhaust (leaks, etc.) _____</p>	
<p>TIRES</p> <p>Inflation (mfg. recommendation) _____</p> <p>Thread Depth (1/8" front, 1/16" rears) _____</p> <p>Rim & Lug nuts (tightness, missing, cracks, etc.) _____</p> <p>Tire Defects (bulges, uneven wear, etc.) _____</p> <p>Spare tire (pressure, thread, etc.) _____</p> <p>Jack, Lug Wrench and Jumper Cables _____</p> <p>Shocks (leaks) _____</p>	<p>DRIVER/PASSENGER COMPARTMENT</p> <p>ADHS Registration Card (expiration) _____</p> <p>Insurance and Registration (expiration) _____</p> <p>Accident Claims Kit _____</p> <p>References (ERG, Maps, Pillbook, etc.) _____</p> <p>Tools (tire pressure gauge and pliers) _____</p> <p>Horn _____</p> <p>Siren _____</p> <p>Code 3 Light Box _____</p> <p>AM/FM/CD radio _____</p> <p>Seatbelts (fraying, connections, etc.) _____</p> <p>Wipers (condition) _____</p> <p>AC/Heater/Defroster _____</p> <p>Instrument Panel Gauges _____</p> <p>Spotlight (if applicable) _____</p> <p>Cab light _____</p> <p>VHF Radio (transmission, speaker, etc.) _____</p> <p>Upholstery (rips, tears, etc.) _____</p> <p>Cell phone (if applicable) _____</p> <p>Rearview Mirror _____</p> <p>Cab Camera System/GPS _____</p> <p>Safety Vest (minimum 2) _____</p>	
<p>SAFETY</p> <p>Fire Extinguisher (gauge, damage, etc.) _____</p> <p>Safety Cones/Triangle (minimum of 3) _____</p>		
<p>DRIVING OPERATIONS</p> <p>Steering System (excessive play, pulling, etc.) _____</p> <p>Braking System (squeeks, pulling, etc.) _____</p> <p>Suspension System (bouncy, squeeks, etc.) _____</p> <p>Electrical System (shorts, etc.) _____</p> <p>Cruise Control _____</p> <p>4 x 4 Operation (if applicable) _____</p> <p>Emergency Brake (operation) _____</p>		
<p>EXTERIOR LIGHTING</p> <p>Headlights (high and low beam) _____</p> <p>Back Up light and alarm _____</p> <p>Turn Signals and Hazards _____</p> <p>Brake Lights _____</p> <p>Side, Corner and Clearance Markers _____</p> <p>Side Flood Lights (left, right and rear) _____</p> <p>Patient Loading Light(s) _____</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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<p>Patient Compartment</p> <p>Supplies (In accordance with bin labels)* _____</p> <p>Main Oxygen _____ psi _____</p> <p>Portable [Stretcher] Oxygen w/ wrench _____ psi _____</p> <p>Pediatric Seat/Pedi Wrap (1) _____</p> <p>Blood Pressure Cuff Set (w/ BGL, Pulse Ox) (1) _____</p> <p>IV Warmer (2 NS, 1 LR)(Winter operation) _____</p> <p>Interior Lighting _____</p> <p><u>Walls/Bench Seat</u></p> <p>Stethoscope (1) _____</p> <p>Adjustable Flow Regulators (2) _____</p> <p>Wall Suction (1) _____</p> <p>Backboard (1) _____</p> <p>Broom (1) _____</p> <p><u>Electronics</u></p> <p>HP Office Jet Mobile Printer w/ cord (1) _____</p> <p>Toughbook/iPad Computer w/ cord (1) _____</p> <p>EMSCOM Radio _____ Comms Check _____</p> <p><u>ALS Inventory</u></p> <p>LP/Zoll Monitor (In accordance w/ inventory label)* _____</p> <p>Intubation Bag (In accordance w/ inventory label)* _____</p> <p>IV Pump (In accordance w/ inventory label)* _____</p> <p>Drug Box (In accordance w/ drug sheet)* _____</p> <p>EZ IO (In accordance w/ inventory label)* _____</p> <p>Vent (In accordance w/ inventory label)(opt.)* _____</p> <p><u>Outside Compartments</u></p> <p><u>Backboard Compartment</u></p> <p>Long Backboards (2) _____</p> <p>KED (Short Backboard) (1) _____</p> <p>Traction Splint (Adult) (1) _____</p> <p>Traction Splint (Child) or Pole Type Traction (1) _____</p> <p>36" Cardboard Splint w/ Foot (2) _____</p> <p>36" Cardboard Splint (2) _____</p> <p>24" Cardboard Splint (2) _____</p> <p>18" Cardboard Splint (2) _____</p> <p>12" Cardboard Splint (2) _____</p> <p>C-Spine Bag (In accordance with inventory label) _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Jump Bag</p> <p><i>Middle Compartment (Airway and Oxygen Delivery)</i></p> <p>Oxygen tank with regulator w/ wrench _____ psi _____</p> <p>Adult Nasal Cannulas (2) _____</p> <p>Adult Non-Rebreather Mask (2) _____</p> <p>OPAs (1 set) _____</p> <p>NPAs (1 set w/ lube)(check expiration dates)* _____</p> <p>Bite Stick (1) _____</p> <p>Infant Non-Rebreather Mask (2) _____</p> <p>Infant Nasal Cannulas (2) _____</p> <p>Pediatrics Non-Rebreather (2) _____</p> <p>Pediatric Nasal Cannulas (2) _____</p> <p>"T" Nebulizer set (1) _____</p> <p>Peds Nebulizer Mask (1) _____</p> <p>Adult Nebulizer Mask (1) _____</p> <p>Adult BVM (1) _____</p> <p>Child BVM (1) _____</p> <p>Infant BVM (1) _____</p> <p>Portable Suction (e.g. V- Vac Suction) (1) _____</p> <p>_____</p> <p><i>Side Compartment (Bleeding Control)</i></p> <p>Trauma Dressing (2) _____</p> <p>Abdominal Pads (2) _____</p> <p>4 x 4s (sterile and non-sterile) (Assortment) _____</p> <p>Roller Gauze (sterile & non-sterile) (Assortment) _____</p> <p>Ace Bandages (2", 3", 4" 6") (1 ea.) _____</p> <p>Coban (1) _____</p> <p>Goggles (2) _____</p> <p>Scissors (1) _____</p> <p>Saline Irrigation (1) (check expiration dates)* _____</p> <p>Tourniquet (e.g. MAT) (1) _____</p> <p>Adult BP Cuff (1) _____</p> <p>Stethoscope (1) _____</p> <p>_____</p> <p><i>Side Pocket (Miscellaneous)</i></p> <p>OB Kit (1) _____</p> <p>Burn Kit (1) _____</p> <p>SAM splint (1) _____</p> <p>Triangular Bandages (2) _____</p> <p>Hot Packs (2) _____</p> <p>Cold Packs (2) _____</p> <p>Pen Light (1) _____</p> <p>Oral Glucose (2) (check expiration dates)* _____</p> <p>IV Kit Bag (1)(In accordance w/ inventory label)* _____</p> <p>_____</p>
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