

# EMS Council of New Jersey 2024 Standards Committee Ambulance Equipment Check List

For The \_\_\_\_\_ ID Rig # 1 \_\_\_\_\_ Decal # \_\_\_\_\_ ID Rig # 2 \_\_\_\_\_ Decal # \_\_\_\_\_

Vehicle #1- VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_

Vehicle #2- VIN # \_\_\_\_\_ License Plate # \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_

RIG #1 #2		Oxygen Equipment (On-Board Oxygen Equipment)	RIG #1 #2		Litter And Transportation Devices
[ ] [ ]	Critical	3000-Liter Cap. (Minimum) Mounted	[ ] [ ]	Critical	Wheeled Litter with wheeled litter fastener
[ ] [ ]	Critical	Flow meter	[ ] [ ]		Portable Stretcher (Reeves type or folding)
[ ] [ ]	Critical	Partial Non- Rebreather Masks	[ ] [ ]		Stair Chair
[ ] [ ]	Critical	Nasal Cannulas	[ ] [ ]	Optional	Orthopedic / Scoop Stretcher
[ ] [ ]	Critical	O2 Cylinders "Color Coded Green"	[ ] [ ]	Critical	Commercially manufactured Ambulance Infant/Child Restraint
[ ] [ ]	Critical	All O2 Cyls' Hydrostatically Tested	[ ] [ ]	Critical	All Patient Carrying Devices: Restraints or Straps
[ ] [ ]	Critical	Oropharyngeal Airways -1 Set (Size 0-5) – Infant to Adult			General Patient Care Equipment
[ ] [ ]	Critical	Nasopharyngeal Airways 20fr to 36fr	[ ] [ ]		Conforming Roller Bandages (Various Sizes)
		Bag-Valve Mask Resuscitator	[ ] [ ]		Cravats (minimum 12)
[ ] [ ]	Critical	Adult (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Sterile Dressings Of Multiple Sizes
[ ] [ ]	Critical	Child (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Rolls Of Adhesive Tape
[ ] [ ]	Critical	Infant (With O2 Connecting Tube/Reservoir)	[ ] [ ]		Sterile Occlusive Dressings
		Portable Oxygen Equipment	[ ] [ ]		Burn Kit Or 4 Burn Sheets
[ ] [ ]	Critical	300 Liter Capacity	[ ] [ ]		Glucose (Current Exp. Date)
[ ] [ ]	Critical	Flow meter	[ ] [ ]	Critical	Sterile Obstetrical Kit (List of Contents on Kit)
[ ] [ ]	Critical	Oropharyngeal Airways -1 Set (Size0-5) – Infant to Adult	[ ] [ ]		Cold Packs
[ ] [ ]	Critical	Partial Non- Rebreather Masks	[ ] [ ]		Paper Bags
[ ] [ ]	Critical	Nasopharyngeal Airways 20fr to 36fr	[ ] [ ]		Plastic locking bags
[ ] [ ]	Critical	O2 Cylinders "Color Coded Green"	[ ] [ ]	Critical	BP Cuffs-(Adult, Child, infant sizes)
[ ] [ ]	Critical	All O2 Cyls Hydrostatically Tested	[ ] [ ]	Critical	Stethoscope
[ ] [ ]	Critical	Aspirator / Suction Devices (On-Board) or 2 Portable Battery Powered Devices	[ ] [ ]		Penlight / Small Flashlight
[ ] [ ]		Easy Access To Patient	[ ] [ ]		Bandage / Trauma Scissors
[ ] [ ]		12 Volt Powered	[ ] [ ]		Bottles of Sterile Water (Current Exp. Date)
[ ] [ ]		Non - Kinking Tubing	[ ] [ ]		Bottles of Sterile Saline (Current Exp. Date)
[ ] [ ]		Semi Rigid Tip & Flexible Catheters	[ ] [ ]		Sterile Lubricant (KY, Surgilube, etc.)
[ ] [ ]		Rinsing Water Bottle	[ ] [ ]		Trauma / Jump Kit (Various First Aid Supplies)
		Aspirator / Suction Devices (Portable)	[ ] [ ]		Extra Blankets, Sheets, Extra Pillow and Cases
[ ] [ ]	Critical	Battery Powered	[ ] [ ]		Assorted Sterile Wound / Trauma Dressings
[ ] [ ]	Critical	Non - Kinking Tubing	[ ] [ ]		Towels
[ ] [ ]	Critical	Semi Rigid Tip & Flexible Catheters	[ ] [ ]	Critical	NJ EMSC -Pediatric Reference sheet
[ ] [ ]	Critical	Rinsing Water Bottle	[ ] [ ]	Critical	New Jersey Disaster Triage Tag (25 minimum)50 Recommended
		Splint and Immobilization Devices			Basic Extrication / Quick Access Equip.
[ ] [ ]	Critical	Long Board with Accessories	[ ] [ ]		Hammer, Assort. Screwdrivers & Pliers
[ ] [ ]	Critical	Upper Spinal Immob. Device (KED, Short Board)	[ ] [ ]		Center Punch (Glass Hammer), Seat Belt Cutter
[ ] [ ]	Critical	Head Immob. Device (Head Beds, Foam Bks, etc)	[ ] [ ]		Prying Lever (Crow bar, Haligan, etc.)
[ ] [ ]	Critical	Lower extremity Traction Splint with Acc. Universally Sized	[ ] [ ]		Hack Saw with Extra Blades
[ ] [ ]		Padded Board Splints / Various Sizes (15", 36", 54")	[ ] [ ]		Wheel Chocks
[ ] [ ]	Critical	Rigid Cervical Collars /Various Sizes / Adjustable	[ ] [ ]		Handheld Light
[ ] [ ]		CPR Board	[ ] [ ]		50-100 Ft. Rope (Can be Water Rescue Rope Bag)
		Infection Control	[ ] [ ]		Ring Cutter
[ ] [ ]	Critical	Respiratory Masks	[ ] [ ]	Critical	Hard Hat / Goggles (Eye Protection)
[ ] [ ]	Critical	Eye Protection	[ ] [ ]	Critical	Heavy Duty Work Type Gloves
[ ] [ ]	Critical	Disposable Gloves (Assorted Sizes)	[ ] [ ]	Critical	Fire Extinguisher ( 5 lb. Min/Charged/Current Tag)
[ ] [ ]	Critical	Skin Disinfectant			General Vehicle Standards
[ ] [ ]	Critical	Equipment Disinfectant Product	[ ] [ ]	Critical	Valid NJ Motor Vehicle Registration
[ ] [ ]	Critical	N-95 Respiratory Masks	[ ] [ ]	Critical	Current NJ DMV Inspection Sticker
		Communications	[ ] [ ]	Critical	Valid Insurance Card
[ ] [ ]	Critical	JEMS 1, 2, 3, 4 (Radios MUST have displays that ID Channel's or have Printed list of FREQUENCY'S next to radio	[ ] [ ]		Omnibus Ambulance (OA-xxxx ) License plates
[ ] [ ]		2 Portable VHF Radios with JEMS 1, 2, 3, 4	[ ] [ ]	Critical	Emergency Lights / Siren Are Operational
[ ] [ ]	Critical	Radio Communications to Dispatch Center	[ ] [ ]	Critical	Current Version DOT Emergency Response Guidebook
		New Jersey Interoperability Communications System Statewide and Regional Frequencies -Narrow banded	[ ] [ ]	Critical	All seats have safety belts/restraints
[ ] [ ]		UCALL-Narrow banded	[ ] [ ]		"No Smoking" signs in patient compartment. / Binoculars
[ ] [ ]		UTAC Channels 1 thru 6-Narrowbanded	[ ] [ ]		Veh. Recog. num. on each side and rear – each at least 3" high
[ ] [ ]		VCALL-Narrow banded	[ ] [ ]		Heater/ A/C provides heat/cooling throughout vehicle
[ ] [ ]		VTAC Channels 1 thru 4-Narrowbanded	Rig 1	Rig 2	General Vehicle Information
[ ] [ ]	Critical	2- High-Visibility Public Safety Vests Class II or III Vests	[ ]	[ ]	Three portable red emergency warning devices (i.e.; flares, triangles)
[ ] [ ]	Critical	Defibrillators			Base Vehicle- Date of Manufacturer (YEAR)
[ ] [ ]	Critical	Unit Passes Startup Self-Test			Diesel or gasoline powered ( D or G )
[ ] [ ]	Critical	Unit Has Been Output Verified by Mfg. Or Independent Biomedical Equip. Repair Agency Within 1 Year or per Manufacturers Requirements.	DATE	DATE	Date of Most Recent Oxygen / Suction Testing

**Comments:**

**All vehicles are required to pass prior to squad being listed as completing inspection.**

**All Equipment That Is Carried on The Rigs Must Be Kept in A Serviceable Condition or Must Be Removed from Service.**

**A Passing Score for Equipment Is If 90% Of All Required Equipment Is Present. Items Which Are Marked Critical Must Be Present for Rig to Pass.**

**A Passing Score for Training Records Is If At Least 90% Of All Personnel Listed on Roster Have All Their Records Photocopied or On A Computer And The Dates Of Expiration Is As Of The Date You Inspected Or Later. Records will be subject to inspection by the committee at their request.**

**If They Have Their Records on A Computer, The Captain and President Must Sign the Training Certification Listed Below.**

**Results of The Inspection Shall Be Reported to the EMSCNJ Standards Committee. If the Squad Is Found to Be Deficient, The Committee Will Ask That the Squad Comply Within Sixty Days or arrive at A Mutually Agreed Upon Plan For The Squad To Meet Compliance. If Necessary, Please List the Re-inspection Date.**

**DID THE SQUAD PASS THE INITIAL INSPECTION?**

**Yes / No Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_**

*(Circle)*

*(Circle)*

**DOES THE SQUAD REQUIRE REINSPECTION?**

**Yes / No Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_**

*(Circle)*

**TRAINING CERTIFICATION**

**WE CERTIFY THAT ALL MEMBERS WHO PROVIDE EMERGENCY MEDICAL TREATMENT ARE TRAINED IN ACCORDANCE WITH EMS COUNCIL OF NEW JERSEY TRAINING REQUIREMENTS AS OF THIS DATE.**

Signature / Date	Signature / Date
PRINT NAME /	PRINT NAME /

**CAPTAIN or CHIEF**

**PRESIDENT**

**Squad: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Date Inspection Completed: \_\_\_\_\_**

**I CERTIFY THAT I INSPECTED THIS SQUAD ACCORDANCE WITH EMS COUNCIL OF NEW JERSEY STANDARDS REQUIREMENTS FOR 2024.**

**Person Who Inspected Squad: \_\_\_\_\_ Date: \_\_\_\_\_**

**Squad Affiliation: \_\_\_\_\_ District: \_\_\_\_\_**

**EMS COUNCIL OF NEW JERSEY 2024 STANDARDS COMMITTEE of the \_\_\_\_\_ District**

**Suggestions or Recommendations**

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