



**NH DEPARTMENT OF SAFETY
 DIVISION OF FIRE STANDARDS & TRAINING AND
 EMERGENCY MEDICAL SERVICES
 TRANSPORTING LAND OR WATER EMS VEHICLE INSPECTION FORM**

VEHICLE # _____

LEVEL _____

APPOINTMENT INFORMATION

Physical Address: _____

Contact Person: _____

Phone Number: _____ **Date/Time:** _____

Inspection Sticker #: _____ Old Inspection Sticker #: _____

Date of Inspection: _____ Initial Inspection _____ Re-inspection _____

Name of Inspector: _____ Signature: _____

Unit: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Unit Rep Present: _____ MV Reg No: _____

Vehicle Identification No: _____ Year & Make: _____

VEHICLE SHELTER

All vehicles are housed in a shelter and kept free from snow, sleet and ice and is not constructed of fabric or plastic sheeting. Capability of maintaining interior of vehicle at a minimum of 50 degrees.

Type: _____ Closed, heated garage, or _____ Plug in electric heater in patient compartment

LOCATION #1: _____

LOCATION #2: _____

NH DOS – Division of Fire Standards and Training & Emergency Medical Services

Ambulance Equipment Inspection Form

DATE:		TRUCK NUMBER:		LEVEL:			
Item Name:	Size or Description	Number or Criteria	BLS	AEMT	Paramedic	YES	NO
OPERATIONAL STANDARDS							
Siren			Yes	Yes	Yes		
Exterior Rotating/Flashing Lights	Visible on 4 Sides		Yes	Yes	Yes		
Fixed Scene Lights	Left, Right and Rear		Yes	Yes	Yes		
Name of Unit on Vehicle Exterior	Minimum 4 inch High Lettering	Left and Right Side	Yes	Yes	Yes		
Current Motor Vehicle Registration	Unexpired		Yes	Yes	Yes		
Current Motor Vehicle Inspection Sticker	Unexpired		Yes	Yes	Yes		
Current Motor Vehicle Registration License Plate Stickers	Front and Rear		Yes	Yes	Yes		
Motor Vehicle License Plates	Front and Rear		Yes	Yes	Yes		
Current Motor Vehicle Insurance Certificate	With Vehicle		Yes	Yes	Yes		
Two-Way Radio Communications, Statewide EMS Ambulance-to-Hospital Primary Frequency	Capability Tested		Yes	Yes	Yes		
Two-Way Radio Communications, Unit Dispatch Center	Capability Tested		Yes	Yes	Yes		
SAFETY ITEMS							
US DOT Emergency Response Guidebook, 2016 Edition	Available as noted in Appendix B	1 each	Yes	Yes	Yes		
Fire Extinguisher, Portable 2-A/10-B/C	Outside of Patient Compartment	1 each	Yes	Yes	Yes		
Fire Extinguisher, Portable 2-A/10-B/C	Inside of Patient Compartment	1 each	Yes	Yes	Yes		
Hand-Held Light or Headlamp		2 each	Yes	Yes	Yes		
Battery Charger(s) for Hand-Held Light - OR- Replacement Batteries	Sized per light type	1 replacement change per light	Yes	Yes	Yes		
Safety Vest, High-Visibility, ANSI/ISEA-Compliant Type-2	Sized for Crew	1 per each crew member responding	Yes	Yes	Yes		
Seatbelts		1 per seat	Yes	Yes	Yes		
Binoculars		1 pair	Yes	Yes	Yes		
AIRWAY EQUIPMENT							
Main/Fixed Oxygen Tank	3000 Liter; containing not less than 500 psi	1 each	Yes	Yes	Yes		
Fixed Oxygen Regulator for Main/Fixed Oxygen	Capable of reducing pressure to 50 PSI	1 each	Yes	Yes	Yes		
Oxygen Regulator/Flow meter (Wall Mounted)	2-15 LPM capable	1 each	Yes	Yes	Yes		
Portable Oxygen Tank (1 Min 500 PSI, 1 Full)	Size D or >	2 Tanks	Yes	Yes	Yes		
Portable Oxygen Tank Regulator/Flow Meter	2-15 LPM capable	1 each	Yes	Yes	Yes		
Portable Oxygen Tank Opening Device	Compatible with device	1 each	Yes	Yes	Yes		
Fixed Suction	80-300 mmhg	1 each	Yes	Yes	Yes		
Fixed Suction Canister with Liner or Disposable Canister	Compatible with device	1 each	Yes	Yes	Yes		
Portable Suction	80-300 mmhg	1 unit	Yes	Yes	Yes		

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AIRWAY EQUIPMENT (cont'd)							
Portable Suction Canister with liner or Disposable Canister	Compatible with device	1 each	Yes	Yes	Yes		
Suction Catheters	Rigid, Wide bore	1 each	Yes	Yes	Yes		
Suction Catheters	1 Flexible Catheters size between 6-10 F and 1 flexible catheter size between 12-16 F	1 each size (2 total)	Yes	Yes	Yes		
Pocket Ventilation Mask with One-Way Valve	Adult	1 each	Yes	Yes	Yes		
Blind Insertion/SupraGlottic Airways	Complete Set of available Adult and Pedi Sizes per Manufacturer and Model	1 each	Yes	Yes	Yes		
Nasopharyngeal Airways	6 Sizes, Infant-Adult	1 each	Yes	Yes	Yes		
Oropharyngeal Airways	6 Sizes, Infant-Adult	1 each	Yes	Yes	Yes		
Lubricating Jelly, Water Soluble	Single Use Package	4 each	Yes	Yes	Yes		
Adjustable PEEP (Positive End-Expiratory Pressure) Valve	1 Size	2 each	Yes	Yes	Yes		
Bag Valve Mask Resuscitator with oxygen reservoir & transparent mask with PEEP Connection	Adult	1 each	Yes	Yes	Yes		
Bag Valve Mask Resuscitator with oxygen reservoir & transparent mask	Child	1 each	Yes	Yes	Yes		
Transparent Mask for Bag Valve Mask Resuscitator	Neonate Compatible with Child BVM	1 each	Yes	Yes	Yes		
Transparent Mask for Bag Valve Mask Resuscitator	Infant Compatible with Child BVM	1 each	Yes	Yes	Yes		
Nasal Cannula	Pediatric	1 each	Yes	Yes	Yes		
Nasal Cannula	Adult	2 each	Yes	Yes	Yes		
Oxygen Non-Rebreather Mask with Reservoir Bag	Pediatric	1 each	Yes	Yes	Yes		
Oxygen Non-Rebreather Mask with Reservoir Bag	Adult	2 each	Yes	Yes	Yes		
Bulb Syringe (separate from OB kit)	Infant	1 each	Yes	Yes	Yes		
Commercial Advanced Airway securing device	Pedi and Adult Capable	1 each	Yes	Yes	Yes		
Nebulizer Delivery Device Setup, Complete		2 each	No	Yes	Yes		
CPAP (One complete and Operational System)	Complete Set of available Adult Sizes per Manufacturer and Model	1 System	No	Yes	Yes		
Nasogastric tubes sized for Pedi and Adult	1 Size 8 or 10 Fr, and 1 Size 14 or 16 Fr	1 each size	No	No	Yes		
Meconium Aspirator (Adapter)	1 Size	1 each	No	No	Yes		
Standard Laryngoscope Handle	Pediatric	1 each	No	No	Yes		
Standard Laryngoscope Handle	Adult	1 each	No	No	Yes		
Spare Batteries or Charging Device for Laryngoscope Handle	Size/device appropriate to handles	1 set or device / handle size	No	No	Yes		

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AIRWAY EQUIPMENT (cont'd)							
Spare Light Bulb or Fiberoptic Lightsource	Size appropriate to handle or blade type for standard laryngoscope	1 each	No	No	Yes		
Laryngoscope Blades, Straight	0,1,2,3,4	1 each	No	No	Yes		
Laryngoscope Blades, Curved	2, 3, 4	1 each	No	No	Yes		
Endotracheal Tubes	Full set of 12 sizes 2.5 - 8.0	1 Set	No	No	Yes		
Stylette and/or Gum Elastic Bougie, Endotracheal Tube	Pediatric	2 each	No	No	Yes		
Stylette and/or Gum Elastic Bougie, Endotracheal Tube	Adult	2 each	No	No	Yes		
Toomey Syringe	1 Size	1 each	No	No	Yes		
Magill forceps	Pediatric	1 each	No	No	Yes		
Magill forceps	Adult	1 each	No	No	Yes		
Needle Decompression Kit	Consisting of: 3.25" needle, 3-Way Stopcock and 20 cc Syringe	2 each	No	No	Yes		
BANDAGING SUPPLIES							
Bandage Dressing, Sterile	Minimum size 5" x 7"	12 Sterile Packages	Yes	Yes	Yes		
Gauze Pads, Sterile	Minimum 3" x 3"	12 Sterile Packages	Yes	Yes	Yes		
Rolled Bandage, Soft, Self-Clinging	Minimum width 3"	4 each	Yes	Yes	Yes		
Universal Dressing, Sterile	Minimum 9" x 24"	2 Sterile Packages	Yes	Yes	Yes		
Occlusive Dressing, Sterile; or Plastic Wrap, Self-Adhesive	Minimum size 4" x 4"	2 each	Yes	Yes	Yes		
Cold Pack	Instant	4 each	Yes	Yes	Yes		
Heat Pack	Instant	4 each	Yes	Yes	Yes		
Burn Sheet, Sterile, Hospital Prepared or Commercially Disposable	Full Body	1 each	Yes	Yes	Yes		
Commercial Tourniquet Device	Minimum 2" Width	2 each	Yes	Yes	Yes		
Saline Solution, Sterile		1000 ml Total	Yes	Yes	Yes		
Triangular Bandages	Minimum size 35"	4 each	Yes	Yes	Yes		
Trauma Shears		1 pair	Yes	Yes	Yes		
BODY SUBSTANCE ISOLATION							
Disposable Impermeable Coverall; or Disposable Impermeable Gown	Sizes to Fit Staffing	2 each	Yes	Yes	Yes		
Disposable, Latex-Free Exam Gloves	Small, Medium and Large	1 Box Each	Yes	Yes	Yes		
Full Face Fluid Protection	Universal	2 each	Yes	Yes	Yes		
N95 or N100 Mask	Sized for Crew	2 Masks	Yes	Yes	Yes		
Disposable Impermeable Boot Covers	Extra Large	2 pair	Yes	Yes	Yes		
Hospital Grade Disinfectant Solution or Wipes	Container or Bottle	1 each	Yes	Yes	Yes		
Antimicrobial Hand Cleanser	6 Ounces	1 Container	Yes	Yes	Yes		
Respiratory Mask , Fluid Resistant	Universal	1 Box	Yes	Yes	Yes		
Biohazard Waste Bag		2 each	Yes	Yes	Yes		

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SPLINTING EQUIPMENT							
Pelvic Binding Device		1 each	Yes	Yes	Yes		
Traction device, Lower Extremity with Ankle Hitch	Adult	1 each	Yes	Yes	Yes		
Splints capable of stabilizing upper and lower extremities in half and full lengths	Adult & Pedi	1 set	Yes	Yes	Yes		
Extrication and Movement Device, Rigid or Semi-Rigid	Long/ Full Length	1 each	Yes	Yes	Yes		
Extrication and Movement Strapping Accessories	Compatible with device	1 set	Yes	Yes	Yes		
Cervical Collars,Rigid	Complete Set capable of fitting Infant through Adult	2 Complete Sets	Yes	Yes	Yes		
Head Motion Restriction Device or System	Compatible with device	1 each	Yes	Yes	Yes		
MISCELLANEOUS ITEMS							
Ambulance Cot with Mattress		1 each	Yes	Yes	Yes		
Ambulance Cot Safety Straps	Full Set: Shoulder Harness system with hip and leg straps	1 each	Yes	Yes	Yes		
Ambulance Cot Vehicle Mounting Bracket System		1 each	Yes	Yes	Yes		
Sheets		4 each	Yes	Yes	Yes		
Blankets		4 each	Yes	Yes	Yes		
Pillow Case		2 each	Yes	Yes	Yes		
Pillow with Fluid Resistant Cover		1 each	Yes	Yes	Yes		
Towels		4 each	Yes	Yes	Yes		
Urinal, Portable	Adult	1 each	Yes	Yes	Yes		
Bed Pan	Adult	1 each	Yes	Yes	Yes		
Emesis Container		1 each	Yes	Yes	Yes		
OB Kit	Must Contain: Sterile Umbilical Clamp (2), Antiseptic Scalpel or Scissors, Sterile Bulb Syringe, Head Cap, and Heat Reflective Blanket or Material.	1 complete kit	Yes	Yes	Yes		
Mass Casualty Tags		50 each	Yes	Yes	Yes		
Penlight (flashlight or LED equivalent)		1 each	Yes	Yes	Yes		
Stair Chair (with safety straps)		1 each	Yes	Yes	Yes		
Scoop Stretcher	Full Length	1 each	Yes	Yes	Yes		
Length-Based Resuscitation Tape	Pediatric	1 each	Yes	Yes	Yes		
Infant/Child Safety Restraint System Meeting 2015 NH EMS Patient Care Protocol Requirements	System for Pediatric Patients weighing 5-80 Pounds	1 system	Yes	Yes	Yes		
MONITORING DEVICES							
Blood Pressure Cuff	Infant	1 each	Yes	Yes	Yes		
Blood Pressure Cuff	Child	1 each	Yes	Yes	Yes		
Blood Pressure Cuff	Adult	1 each	Yes	Yes	Yes		
Blood Pressure Cuff	Adult Large or Thigh	1 each	Yes	Yes	Yes		

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MONITORING DEVICES (cont'd)							
Sphygmomanometer	To fit all sized cuffs	One	Yes	Yes	Yes		
Stethoscope(s)	Adult and Pedi Capable	1 each	Yes	Yes	Yes		
Portable CO Detector or Alarm		1 each	Yes	Yes	Yes		
Blood Glucose Measuring Device with Appropriate Testing Strips		1 each	Yes	Yes	Yes		
Multifunction Cardiac Monitor	Pedi and Adult Manual Defib, Pacing, Cardioversion, 12 Lead Acquisition capability	1 Monitor	Yes, If Present	Yes, If Present	Yes		
Monitor Spare Battery or Charging System with Continuous Power supply	Appropriate to Device	1 each	Yes, If Present	Yes, If Present	Yes		
Defibrillator Pads	Pediatric	2 sets	Yes	Yes	Yes		
Defibrillator Pads	Adult	2 sets	Yes	Yes	Yes		
Disposable Razor		1 each	Yes	Yes	Yes		
Multifunction Cardiac Monitor Recording Paper	Appropriate to Device	1 Replacement	Yes, If Present	Yes, If Present	Yes		
Multifunction Cardiac Monitor Electrodes	Pediatric	10	Yes, If Present	Yes, If Present	Yes		
Multifunction Cardiac Monitor Electrodes	Adult	20	Yes, If Present	Yes, If Present	Yes		
Pulse Oximeter Measuring Device		1 each	Yes	Yes	Yes		
Pulse Oximeter Sensor	Pediatric	1 each	Yes	Yes	Yes		
Pulse Oximeter Sensor	Adult	1 each	Yes	Yes	Yes		
Thermometer	Capable down to 86 Degrees	1 each	Yes	Yes	Yes		
Continuous Quantitative Waveform Capnography Monitor (Electronic)	1 Size	1 each	No	No	Yes		
Electronic ETCO2 monitoring sampling Cannula	Pedi	2 each	No	No	Yes		
Electronic ETCO2 monitoring sampling Cannula	Adult	2 each	No	No	Yes		
Electronic ETCO2 monitoring Tube Adapter	One size	2 each	No	No	Yes		
MEDICATION AND SUPPLIES							
All Medication Expiration Dates Current		Not Expired	Yes	Yes	Yes		
Mucosal Atomization Device		2 each	Yes	Yes	Yes		
Medicine Cup or oral syringe with Measurement Increments	With Measurement Increments	1 each	Yes	Yes	Yes		
NH Patient Care Protocols	Printed or Service Owned, Dedicated Electronic Copy	1 copy	Yes	Yes	Yes		
Sharps/Needle Container	Vehicle mounted	1 each	Yes	Yes	Yes		
Sharps/Needle container	portable	1 each	Yes	Yes	Yes		
Antiseptic Skin Preparation Pads	Individual packs	12 each	Yes	Yes	Yes		
0.9% Normal Saline Solution	IV Bags	Total 4000 ML	No	Yes	Yes		
3-Way Stop-Cock		5 each	No	Yes	Yes		
Bio-Occlusive IV Site Dressing		2 Each	No	Yes	Yes		
Filter needles		2 each	No	Yes	Yes		
IV Administration Set with min. of 2 med ports	Macro	2 sets	No	Yes	Yes		

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DATE:	TRUCK NUMBER:	LEVEL:					
Item Name:	Size or Description	Number or Criteria	BLS	AEMT	Paramedic	YES	NO
MEDICATION AND SUPPLIES (cont'd)							
IV Arm Board	Pediatric	1 each	No	Yes	Yes		
IV Arm Board	Adult	1 each	No	Yes	Yes		
IV Catheter	14 gauge	2 each	No	Yes	Yes		
IV Catheter	16 gauge	2 each	No	Yes	Yes		
IV Catheter	18 gauge	2 each	No	Yes	Yes		
IV Catheter	20 gauge	2 each	No	Yes	Yes		
IV Catheter	22 gauge	2 each	No	Yes	Yes		
IV Catheter	24 gauge	2 each	No	Yes	Yes		
IV Pressure Bag	1000 ML	1 each	No	Yes	Yes		
IV Saline Lock	Macro	2 sets	No	Yes	Yes		
Needle	18-21 gauge (1-1/2 Inch Min Length)	2 Assorted	No	Yes	Yes		
Needle	25-27 gauge (1 Inch Min Length)	2 Assorted	No	Yes	Yes		
Syringe	1cc	2 each	No	Yes	Yes		
Syringe	3 or 5cc	4 each	No	Yes	Yes		
Syringe	10 or 12cc	2 each	No	Yes	Yes		
Syringe	20 or 60CC	1 each	No	Yes	Yes		
Venous Constricting Band (Latex Free)		2 Each	No	Yes	Yes		
Commercial IntraOsseous Introduction Device	Adult and Pediatric Capable	1 each	No	Yes	Yes		
Needles for Commercial IntraOsseous Introduction Device	Adult and Pediatric Capable	1 each	No	Yes	Yes		

BASIC MED	EXP DATE	ADVANCE MED	EXP DATE	PARAMEDIC MED	EXP DATE

COMMENTS:

Please contact Capt. Kathy Doolan (603-223-4281) or Bureau Chief Justin Romanello (603-232-4211) with any questions regarding the vehicle inspection process.