

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

**AMBULANCE SURVEY REPORT:
ADVANCED LIFE SUPPORT (NON-TRANSPORT)**

<input type="checkbox"/> Annual	<input type="checkbox"/> Original
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Emergency Response
<input type="checkbox"/> MICU	<input type="checkbox"/> SCTU

Full Provider Trade Name (as on the provider application/license)		License Plate No.	Vehicle Rec. No.
Name on Vehicle		VIN Number	Survey Date
<input type="checkbox"/> READY FOR LICENSE		<input type="checkbox"/> NEEDS RESURVEY	
Name of Surveyor (Print) <i>first / middle / last</i>		Signature	Date
Re-survey Date #1	Vehicle Mileage	Re-survey Date #2	Vehicle Mileage

<p>Yes No GENERAL VEHICLE STANDARDS</p> <p><input type="checkbox"/> <input type="checkbox"/> Application and check or money order received. Model Year _____ Mileage _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Valid NJ DMV Reg. - Exp: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Valid Insurance card - Exp: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Correct license plates & current valid DMV Expiration:</p> <p><input type="checkbox"/> <input type="checkbox"/> Tires do not show signs of abnormal wear</p> <p><input type="checkbox"/> <input type="checkbox"/> If gas, is exhaust system free of loose, or leaking joints, holes, leaking seams or patches</p> <p><input type="checkbox"/> <input type="checkbox"/> Tail pipe extends beyond vehicle body and is not pinched or damaged</p> <p><input type="checkbox"/> <input type="checkbox"/> All seats have approved automotive lap best type seatbelts</p> <p><input type="checkbox"/> <input type="checkbox"/> Glazing / plastic free of cracks, sharp edges and discoloration</p> <p><input type="checkbox"/> <input type="checkbox"/> Heater - A/C Heating or Cooling adequately</p> <p><input type="checkbox"/> <input type="checkbox"/> All door and window gaskets in good condition and free of cracks, cuts or other damage</p> <p>Yes No VEHICLE MARKINGS</p> <p><input type="checkbox"/> <input type="checkbox"/> Trade name on each side at least 4" high as it appears on the provider's license</p> <p><input type="checkbox"/> <input type="checkbox"/> Rec. # on each side and rear and at least 3" high (1 to 6 characters)</p> <p><input type="checkbox"/> <input type="checkbox"/> Mirror image of word "Ambulance" on front at least 4" high with 3" Star of Life on each side of word</p> <p><input type="checkbox"/> <input type="checkbox"/> 16" Star of Life on each side. 12" Star of Life on rear; translucent or cut out, if on windows</p> <p><input type="checkbox"/> <input type="checkbox"/> 6" word "Ambulance" or "Emergency Medical Services" on each side</p> <p><input type="checkbox"/> <input type="checkbox"/> No smoking signs in patient and driver's areas</p> <p><input type="checkbox"/> <input type="checkbox"/> No unauthorized wording or markings on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> All MICU vehicles markings comply with N. J. A. C. 8:41-9.7(a)1-5</p> <p>Yes No GENERAL EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> All items stored in a crashworthy manner</p> <p><input type="checkbox"/> <input type="checkbox"/> Positive locks on all cabinets and bench seats</p> <p><input type="checkbox"/> <input type="checkbox"/> "Pediatric Assessment Chart" posted in pt. area</p> <p><input type="checkbox"/> <input type="checkbox"/> Succinct list of cabinet contents on cabinet door</p> <p><input type="checkbox"/> <input type="checkbox"/> No wheel chairs carried on vehicle</p>	<p>STANDARD SAFETY EQUIPMENT AND WARNING DEVICES</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle equipped with emergency warning lights and a siren</p> <p><input type="checkbox"/> <input type="checkbox"/> Three portable red reflective emergency road triangles or three battery operated flashers</p> <p><input type="checkbox"/> <input type="checkbox"/> One working flashlight; two "D" cell size or larger</p> <p><input type="checkbox"/> <input type="checkbox"/> One fire extinguisher rated 2A10BC or 3A40BC, fully charged and with current inspection tag</p> <p><input type="checkbox"/> <input type="checkbox"/> Extinguisher safely mounted in vehicle</p> <p>Yes No SANITATION</p> <p><input type="checkbox"/> <input type="checkbox"/> Patient/storage areas and patient care equipment clean, free of stains, deposits and odors</p> <p><input type="checkbox"/> <input type="checkbox"/> Floor and seats made of impervious material and free of tears, cracks etc.</p> <p><input type="checkbox"/> <input type="checkbox"/> Clean blankets, linen, pillow and mattress replacement linen on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Plastic bags or covered containers shall be provided for all soiled supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle equipped with a trash receptacle</p> <p>EMERGENCY RESPONSE AND PATIENT ACCESS EQUIPMENT</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Spring-loaded center punch, 1 prying level "crow bar" and an automotive safety belt cutter</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 standard flat head and 1 Phillips type screwdriver</p> <p><input type="checkbox"/> <input type="checkbox"/> At least 2 protective multi-use jackets and 2 sets of gloves, head and eye protection for required staff. (Long term care facility response only is exempt.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Automated External Defibrillator (AED)</p> <p><input type="checkbox"/> <input type="checkbox"/> DOT HazMat Guidebook and a copy of the EMS annex of the local emergency operations plan</p> <p><input type="checkbox"/> <input type="checkbox"/> 50 Triage tags, "METTAG" type</p> <p><input type="checkbox"/> <input type="checkbox"/> Spotlight, handheld optional</p> <p><input type="checkbox"/> <input type="checkbox"/> 5 nasopharyngeal airways in assorted sizes and a water soluble lubricant</p>
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AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (NON-TRANSPORT), Continued

Vehicle Rec. No.	Survey Date
<p>Yes No RADIO EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Radio Check (UHF Telemetry)</p> <p><input type="checkbox"/> <input type="checkbox"/> UHF Portable Radio</p> <p><input type="checkbox"/> <input type="checkbox"/> Cell Phone</p> <p><input type="checkbox"/> <input type="checkbox"/> JEMS VHF</p> <p><input type="checkbox"/> <input type="checkbox"/> VHF Check</p> <p>Yes No MISCELLANEOUS TRAUMA EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Needle Chest Decompression Equipment</p> <p>Yes No NEEDLES/SYRINGES/ADULT IV SUPPLIES</p> <p><input type="checkbox"/> <input type="checkbox"/> Sharps Container</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacutainer Needles</p> <p><input type="checkbox"/> <input type="checkbox"/> Assorted Needles/Syringes</p> <p><input type="checkbox"/> <input type="checkbox"/> Blood Tubes</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Tubing</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Catheters</p> <p>Yes No BIOMEDICAL EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> <input type="checkbox"/> Charger, Cables, Batteries</p> <p><input type="checkbox"/> <input type="checkbox"/> Defibrillator</p> <p><input type="checkbox"/> <input type="checkbox"/> External Pacemaker</p> <p>Yes No PEDIATRIC EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Spare Batteries and Bulbs</p> <p><input type="checkbox"/> <input type="checkbox"/> O₂ Masks (Child and Infant)</p> <p><input type="checkbox"/> <input type="checkbox"/> BP Cuffs (Child and Infant)</p> <p><input type="checkbox"/> <input type="checkbox"/> Intraosseous Infusion Set</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Catheters/Winged Infusion Sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Laryngoscope/Assorted Sized Blades</p> <p><input type="checkbox"/> <input type="checkbox"/> Stylets</p> <p><input type="checkbox"/> <input type="checkbox"/> Paddles</p> <p><input type="checkbox"/> <input type="checkbox"/> ET Tubes (assorted sizes)</p> <p><input type="checkbox"/> <input type="checkbox"/> Electrodes</p> <p>Yes No MISCELLANEOUS REQUIRED EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Backup Meds and Supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Binoculars</p> <p><input type="checkbox"/> <input type="checkbox"/> Pulse Oximeter</p> <p><input type="checkbox"/> <input type="checkbox"/> Intravenous Infusion Pump</p> <p><input type="checkbox"/> <input type="checkbox"/> Blood Glucose Monitoring System (electronic/visual)</p> <p>Yes No OPTIONAL EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> 12 Lead EKG</p> <p><input type="checkbox"/> <input type="checkbox"/> EGTA</p> <p><input type="checkbox"/> <input type="checkbox"/> Adult and Pediatric Mast</p> <p><input type="checkbox"/> <input type="checkbox"/> Oxygen-powered Resuscitators ("demand valve")</p> <p><input type="checkbox"/> <input type="checkbox"/> A Time-Cycled Resuscitator (meets AHA requirements)</p> <p><input type="checkbox"/> <input type="checkbox"/> Doppler-type stethoscope</p>	<p>Yes No MEDICATION, NEEDLE & SYRINGE STORAGE</p> <p><input type="checkbox"/> <input type="checkbox"/> All medications and solutions show current expiration date</p> <p><input type="checkbox"/> <input type="checkbox"/> There are no prohibited medications being carried on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle and all medications and solutions stored in climate controlled setting</p> <p><input type="checkbox"/> <input type="checkbox"/> All medications, needles, and syringes stored in compliance with N.J.A.C. 8:41-8.3, New Jersey Pharmacy Board 8:43G and institutional policies</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcotics stored in double locked storage systems or is under the direct control of prehospital advanced life support provider in compliance with N.J.A.C. 8:41-8.3</p> <p>PNEUMATIC TESTING</p> <p>Yes No Suction Units (Aspirators)</p> <p>Portable: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> 20 minute operation</p> <p><input type="checkbox"/> <input type="checkbox"/> Suction unit operates \geq 20 minutes</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow Rate \geq 30 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacuum \geq 300 mm Hg in 4 seconds</p> <p><input type="checkbox"/> <input type="checkbox"/> Maximum vacuum \geq 400 mm Hg</p> <p>Yes No Oxygen Flow Meters (Portable)</p> <p>Make: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.0 L/min when \leq 5 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.5 L/min when 6-10 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 2.0 L/min when \geq 11 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> If dial-type: "clicks" into position</p> <p><input type="checkbox"/> <input type="checkbox"/> If valve-type: Takes >1 turn to go 0-15 L/min</p>

AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (NON-TRANSPORT), Continued

Vehicle Rec. No.	Survey Date
SCTU EQUIPMENT	
<p>Yes No ADDITIONAL BASIC EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Doppler-type instrument</p> <p><input type="checkbox"/> <input type="checkbox"/> At least 4 red bio-hazard bags</p> <p>Yes No BASIC PEDIATRIC EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi Endotracheal tubes and stylets</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized laryngoscope blades</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized oxygen masks</p> <p><input type="checkbox"/> <input type="checkbox"/> 1000 ml and 450 ml sized bag-valve mask devices</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized electrodes, paddles and defib. pads</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized IV catheters and/or winged infusion sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Intraosseous infusion sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized blood pressure cuffs</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi sized rigid cervical collars</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi height/weight and medication guide (Broslow type tape device)</p> <p>Yes No BASIC NEONATAL EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> 250 ml sized bag valve mask device</p> <p><input type="checkbox"/> <input type="checkbox"/> Pharmacological agents suitable for treatment of neonate</p> <p><input type="checkbox"/> <input type="checkbox"/> Neonate cardiac monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Hemodynamic monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> IV monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Isolette</p>	<p>Yes No OPTIONAL EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> EGTA, LMA or other comm. airways</p> <p><input type="checkbox"/> <input type="checkbox"/> PASG adult and pediatric</p> <p><input type="checkbox"/> <input type="checkbox"/> Auto. manometer one each size cuff</p> <p><input type="checkbox"/> <input type="checkbox"/> Percut. Needle crich. equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Installed or portable air system</p> <p><input type="checkbox"/> <input type="checkbox"/> Doughnut magnets</p> <p align="center"><i>EACH SCTU WILL BE EQUIPPED WITH A PORTABLE, AUTOMATIC TRANSPORT VENTILATOR</i></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Oxygen concentrations between 21 to 100 percent</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable peak pressures</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable inspiratory and expiratory times</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable minute ventilatory rates</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable tidal volume</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable high and low pressure alarms</p>