



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AMBULANCE INSPECTION

SERVICE NAME			SERVICE CODE
SERVICE ADDRESS			
CITY	STATE	COUNTY	ZIP CODE

REASON FOR INSPECTION

<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW VEHICLE
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED	<input type="checkbox"/> TEMP. PERMIT NUMBER

DESCRIPTION OF VEHICLE

VEHICLE DECAL NUMBER (LAST THREE DIGITS)	ODOMETER	VEHICLE IDENTIFICATION NUMBER (VIN)
YEAR	MAKE	MODEL
LICENSE PLATE NUMBER	<input type="checkbox"/> EMS	<input type="checkbox"/> TEMP
	<input type="checkbox"/> OHIO	<input type="checkbox"/> OUT OF STATE _____

LEVEL OF SERVICE WHEN INSPECTED

BASIC INTERMEDIATE PARAMEDIC

INSPECTION DATA

INSPECTOR NAME	DATE OF INSPECTION
Was a Violation Notification issued for this vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is the copy of the Violation Notification attached to this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is a re-inspection required?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
INSPECTOR SIGNATURE	
X	

LIGHTING

High and Low Beam Headlights operational [O.A.C. 4766-2-08(D)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Clearance, Marker lights, and Reflectors operational [O.A.C. 4766-2-08(D)(1)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
High beam indicator light (on dashboard) operational [O.A.C. 4766-2-08(D)(1)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dashboard lights and interior lights operational [O.A.C. 4766-2-08(D)(1)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right tail lights operational [O.A.C. 4766-2-08(D)(1)(e)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right front turn signals operational [O.A.C. 4766-2-08(D)(1)(f)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right rear turn signals operational [O.A.C. 4766-2-08(D)(1)(g)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Left and right brake lights operational [O.A.C. 4766-2-08(D)(1)(h)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plate light operational [O.A.C. 4766-2-08(D)(1)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Back-up lights operational [O.A.C. 4766-2-08(D)(1)(j)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency Lighting Operational [O.A.C. 4766-2-08(D)(1)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

TIRES / WHEEL / BRAKES

Tread depth 1/16 in minimum on all tires [O.A.C. 4766-2-08(D)(1)(l)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tread and sidewall free of major deformities [O.A.C. 4766-2-08(D)(1)(m)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rims / wheels free of significant damage [O.A.C. 4766-2-08(D)(1)(n)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Brake Pedal Travel 2/3 for non-assisted brakes [O.A.C. 4766-2-08(D)(1)(p)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Brake Pedal Travel 4/5 for power brakes [O.A.C. 4766-2-08(D)(1)(p)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency / parking brake operational [O.A.C. 4766-2-08(D)(1)(q)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

STEERING / SUSPENSION

Steering shaft secure; no more than ¼ turn play [O.A.C. 4766-2-08DB)(1)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Power steering operational [O.A.C. 4766-2-08(D)(1)(w)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tires have full range of motion without rubbing [O.A.C. 4766-2-8(D)(1)(o)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Shocks / Springs mounted and intact [O.A.C. 4766-2-08(D)(1)(ff)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Air ride suspension properly inflates / deflates [O.A.C. 4766-2-08(D)(1)(kk)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

WINDSHIELD / WINDOWS / MIRRORS

Windshield without breach, unobstructed [O.A.C. 4766-2-08(D)(1)(r)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Windshield wipers and washers operational [O.A.C. 4766-2-08(D)(1)(s)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Windows without breach and consistent with OEM [O.A.C. 4766-2-08(D)(1)(t)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rear view mirrors without breach and IAW OEM [O.A.C. 4766-2-08(D)(1)(x)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

WARNING DEVICES

Horn operational and audible [O.A.C. 4766-2-08(D)(1)(y)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Audible back up alarms operational [O.A.C. 4766-2-08(D)(1)(k)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Siren operable and audible [O.A.C. 4766-2-08(D)(1)(jj)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

MISCELLANEOUS

Driver and passenger safety belts operational [O.A.C. 4766-2-08(D)(1)(dd)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Driver and passenger safety belts free of visible damage [O.A.C. 4766-2-08(D)(1)(dd)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Seats securely fastened to floor [O.A.C. 4766-2-08(D)(1)(aa)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Floor intact and free of holes [O.A.C. 4766-2-08(D)(1)(bb)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Interior free of protrusions, trash, and debris [O.A.C. 4766-2-08(D)(1)(cc)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Structural integrity without breach (body and frame) [O.A.C. 4766-2-08(D)(1)(ee)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Heater, defroster, and a/c installed and operational [O.A.C. 4766-2-08(D)(1)(z)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Exhaust system secured and without breach [O.A.C. 4766-2-08(D)(1)(u)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Fuel tank free of leaks and securely mounted [O.A.C. 4766-2-08(D)(1)(gg)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
License plates front and rear [O.A.C. 4766-2-08(D)(1)(hh)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two-way communications with dispatch and medical control [O.A.C. 4766-2-06(B)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Service name / logo permanently on vehicle [O.A.C. 4766-2-08(D)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Conformance placard, sticker, or affidavit [O.A.C. 4766-2-08(D)(2)]			

OXYGEN EQUIPMENT

Permanently installed main oxygen system (current hydrostatic testing) [O.A.C. 4766-2-10(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Permanent variable flow regulator (0-15 LPM minimum)(1) [O.A.C. 4766-2-10(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two portable oxygen tanks secured in appropriate tank storage mechanism (minimum "D") [O.A.C. 4766-2-10(A)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
One portable variable flow regulator (0-15 LPM minimum) [O.A.C. 4766-2-10(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Bag mask resuscitator with reservoir capable of 100% oxygen flow (self-Inflating) [O.A.C. 4766-2-10(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Transparent masks for bag mask resuscitator (Adult-Child-Infant)(1 each) OR (adult, combo child / pediatric) [O.A.C. 4766-2-10(A)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Transparent oxygen masks [Adult (2); Pediatric (2); Infant (2); Neonate(1)] [O.A.C. 4766-2-10(A)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Nasal cannulas (Adult-Child)(2 each) [O.A.C. 4766-2-10(A)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

SUCTION EQUIPMENT

Permanently installed suction unit [O.A.C. 4766-2-10(B)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Portable suction unit (powered or hand operated) [O.A.C. 4766-2-10(B)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rigid pharyngeal curved suction catheters wide-bore tubing (2) [O.A.C. 4766-2-10(B)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Soft tip suction catheter (2 sizes)1 between 6.0 and 10 French and 1 between 12 and16 French [O.A.C. 4766-2-10(B)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile water and / or NS (4) minimum 1000 ML excluding IV solutions [O.A.C. 4766-2-10(B)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile gloves (2 pair)[O.A.C. 4766-2-10(B)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Suction tubing (2) [O.A.C. 4766-2-10(B)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Suction bags (2 extra disposable liners or containers) [O.A.C. 4766-2-10(B)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

AIRWAY EQUIPMENT

Complete set, oropharyngeal airway devices infant through adult [O.A.C. 4766-2-10(C)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Complete set, nasopharyngeal airway devices infant through adult [O.A.C. 4766-2-10(C)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Complete intubation kit, per protocol only	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Extra batteries and bulbs [O.A.C. 4766-2-10(C)(3)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Syringes (assorted sizes) [O.A.C. 4766-2-10(C)(3)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult Stylet [O.A.C. 4766-2-10(C)(3)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric Stylet [O.A.C. 4766-2-10(C)(3)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult Magill Forceps [O.A.C. 4766-2-10(C)(3)(e)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric Magill Forceps [O.A.C. 4766-2-10(C)(3)(f)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Booted hemostat or device appropriate clamp [O.A.C. 4766-2-10(C)(3)(g)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult Endotracheal Tubes (one each cuffed) 6.0mm, 7.0mm, 8.0mm [O.A.C. 4766-2-10(C)(3)(h)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric Endotracheal Tubes (1 ea. cuffed or uncuffed 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5) [O.A.C. 4766-2-10(C)(3)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Water soluble lubricant [O.A.C. 4766-2-10(C)(3)(j)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Laryngoscope handle [O.A.C. 4766-2-10(C)(3)(k)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Laryngoscope blades (curved and straight) 0,1,2,3, and 4 [O.A.C. 4766-2-10(C)(3)(l)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Secondary confirmation device for ET tube (End-tidal CO2 detector or capnometer) [O.A.C. 4766-2-10(C)(3)(m)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Commercial ET tube securing device [O.A.C. 4766-10(C)(3)(n)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Cricothyrothomy kit / set per protocol [O.A.C. 4766-2-10(C)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Supraglottic airway devices (adult and pediatric per protocol) [O.A.C. 4766-2-10(C)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

BLEEDING CONTROL / BURN EQUIPMENT

Adhesive dressing strips (10) [O.A.C. 4766-2-10(D)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile gauze pads (20)(assorted sizes) [O.A.C. 4766-2-10(D)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Surgi pads / sterile sponge pads (4) [O.A.C. 4766-2-10(D)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Assorted standard gauze rolls (4) [O.A.C. 4766-2-10(D)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile universal trauma dressing [O.A.C. 4766-2-10(D)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile nonporous dressing (4) [O.A.C. 4766-2-10(D)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Assorted tape (4) [O.A.C. 4766-2-10(D)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

ISOLATION EQUIPMENT

Kits (4) [O.A.C. 4766-2-10(E)(1)] OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation goggles and mask or mask / shield combo (4) [O.A.C. 4766-2-10(E)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation gowns (4) [O.A.C. 4766-2-10(E)(1)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation gloves (4) [O.A.C. 4766-2-10(E)(1)(c)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
High particulate filter mask (HEPA or N95) (4 assorted sizes) [O.A.C.4766-2-10(E)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Containers (bags) for infectious medical waste (4) [O.A.C. 4766-2-10(E)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sharps container [O.A.C. 4766-2-10(E)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Disinfectant / germicidal [O.A.C. 4766-2-10(E)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Waterless hand cleaner [O.A.C. 4766-2-10(E)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

IMMOBILIZATION EQUIPMENT

Extremity immobilization devices (board, air, vacuum, ladder, or equivalent) [O.A.C. 4766-2-10(F)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Traction splint (adult & child - 1 each) OR (adjustable for adult and child - 1) [O.A.C. 4766-2-10(F)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Backboard or equivalent (2) [O.A.C. 4766-2-10(F)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Backboard straps (3 each per board) [O.A.C. 4766-2-10(F)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Commercial cervical immobilization device (2) Adult [O.A.C. 4766-2-10(F)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rigid extrication collar (Infant-Child-Adult) (small-medium-large) [O.A.C. 4766-2-10(F)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stairchair and / or combo stairchair / folding cot (1) [O.A.C. 4766-2-10(F)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

ADJUNCT EQUIPMENT

Trauma Shears (1) [O.A.C. 4766-2-10(G)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stethoscope (1) [O.A.C. 4766-2-10(G)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
BP Cuff (Pediatric, Adult, Large Adult) (1 each) [O.A.C. 4766-2-10(G)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Non-mercury thermometer (oral or equivalent) (1) [O.A.C. 4766-2-10(G)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Penlight (1) [O.A.C. 4766-2-10(G)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Large flashlight (1) [O.A.C. 4766-2-10(G)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tongue blades (2) [O.A.C. 4766-2-10(G)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Eye protector pads (2) [O.A.C. 4766-2-10(G)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Packaged obstetrical kit (1) [O.A.C. 4766-2-10(G)(9)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Exam gloves (minimum 2 full boxes; various sizes) [O.A.C. 4766-2-10(G)(10)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Patient cot (1) (with 3 straps) [O.A.C. 4766-2-10(G)(11)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pillows and cases (2) [O.A.C. 4766-2-10(G)(12)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sheets (2) [O.A.C. 4766-2-10(G)(12)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Heavy Blankets (2) (bath blankets shall not be substituted) [O.A.C. 4766-2-10(G)(12)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Towels (2) [O.A.C. 4766-2-10(G)(13)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emesis basins or equivalent (2) [O.A.C. 4766-2-10(G)(14)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Urinal or equivalent (1) [O.A.C. 4766-2-10(G)(15)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Bedpan (1)[O.A.C. 4766-2-10(G)(16)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Personal towelettes or equivalent (10) [O.A.C. 4766-2-10(G)(16)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ABC fire extinguishers (2) (5lb minimum each) (front & back)[O.A.C. 4766-2-10(G)(17)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Extinguishers mounted per current national standard [O.A.C. 4766-2-10(G)(17)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Annual extinguisher maintenance check per OSHA [O.A.C. 4766-2-10(G)(17)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Patient restraints (4) [O.A.C. 4766-2-10(G)(18)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ANSI II high visibility vest (1 for each crew member) 29 CFR 634 [O.A.C. 4766-2-10(G)(19)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Age / weight appropriate pediatric restraint per MTO protocol [O.A.C. 4766-2-10(G)(20)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

BLS - ONBOARD DEFINITIVE CARE EQUIPMENT

Approved medications as shown on Ohio State Board of Pharmacy License / Addendum [O.A.C. 4766-2-10(H)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Automated external defibrillator (Adult and Pediatric Pads) [O.A.C. 4766-2-10(H)(1)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

INTERMEDIATE - ONBOARD DEFINITIVE CARE EQUIPMENT

Approved medications as shown on Ohio State Board of Pharmacy License / Addendum [O.A.C. 4766-2-10(H)(2)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Approved I.V. solutions as shown on Ohio State Board of Pharmacy License / Addendum [O.A.C. 4766-2-10(H)(2)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Automated External Defibrillator (Adult and Pediatric Pads) [O.A.C. 4766-2-10(H)(2)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

INTRAVENOUS EQUIPMENT

Alcohol and povidone iodine preps (10 each) [O.A.C. 4766-2-10(H)(2)(c)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Arm boards (1) [O.A.C. 4766-2-10(H)(2)(c)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Administration sets (4) [O.A.C. 4766-2-10(H)(2)(c)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Catheters (assorted sizes) [O.A.C. 4766-2-10(H)(2)(c)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Needles (assorted sizes) [O.A.C. 4766-2-10(H)(2)(c)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

ALS - ONBOARD DEFINITIVE CARE EQUIPMENT

Approved medications as shown on Ohio State Board of Pharmacy License / Addendum [O.A.C. 4766-2-10(H)(3)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Approved I.V. solutions as shown on Ohio State Board of Pharmacy License / Addendum [O.A.C. 4766-2-10(H)(3)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Cricothyroidotomy-needle or surgical, per protocol [O.A.C. 4766-2-10(H)(3)(c)(vii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Monitor / defibrillator (with EKG Trace) external cardiac pacing capability [O.A.C. 4766-2-10(H)(3)(d)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Defibrillator gel or pads [O.A.C. 4766-2-10(H)(3)(d)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult paddles / pads if applicable [O.A.C. 4766-2-10(H)(3)(d)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EKG leads [O.A.C. 4766-2-10(H)(3)(d)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
External pacing pads [O.A.C. 4766-2-10(H)(3)(d)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pedi-paddles / Pads [O.A.C. 4766-2-10(H)(3)(d)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
INTRAVENOUS EQUIPMENT			
Alcohol and povidone iodine preps (10 each) [O.A.C. 4766-2-10(H)(3)(c)(i)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Arm boards (1 each) [O.A.C. 4766-2-10(H)(3)(c)(ii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Administration sets (4) [O.A.C. 4766-2-10(H)(3)(c)(iii)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Catheters (assorted sizes) [O.A.C. 4766-2-10(H)(3)(c)(iv)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Intraosseous Needles or kit, per protocol (2) [O.A.C. 4766-2-10(H)(3)(c)(v)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Needles (assorted sizes) [O.A.C. 4766-2-10(H)(3)(c)(vi)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

COMMENTS