

New Jersey Department of Health  
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)		Signature	Date
Re-survey Date #1	Vehicle Mileage	Re-survey Date #2	Vehicle Mileage

<p>Yes No <b>GENERAL VEHICLE STANDARDS</b></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 &amp; 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 <b>VEHICLE MARKINGS</b></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 <b>GENERAL EQUIPMENT</b></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>Yes No <b>STANDARD SAFETY EQUIPMENT AND WARNING DEVICES</b></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 or with current inspection tag</p> <p><input type="checkbox"/> <input type="checkbox"/> Extinguisher safely mounted in vehicle</p> <p>Yes No <b>SANITATION</b></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><b>EMERGENCY RESPONSE AND PATIENT ACCESS EQUIPMENT</b></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"/> <b>Automated External Defibrillator (AED)</b></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 <b>RADIO EQUIPMENT</b></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 <b>MISCELLANEOUS TRAUMA EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Needle Chest Decompression Equipment</p> <p>Yes No <b>NEEDLES/SYRINGES/ADULT IV SUPPLIES</b></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 <b>BIOMEDICAL EQUIPMENT</b></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 <b>PEDIATRIC EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Spare Batteries and Bulbs</p> <p><input type="checkbox"/> <input type="checkbox"/> O<sub>2</sub> 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 <b>MISCELLANEOUS REQUIRED EQUIPMENT</b></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 <b>OPTIONAL EQUIPMENT</b></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 <b>REQUIRED MEDICATION LIST</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Adenosine</p> <p><input type="checkbox"/> <input type="checkbox"/> Atropine Sulfate</p> <p><input type="checkbox"/> <input type="checkbox"/> Calcium Chloride</p> <p><input type="checkbox"/> <input type="checkbox"/> Dextrose, 50 percent</p> <p><input type="checkbox"/> <input type="checkbox"/> Dextrose, 5 percent in water</p> <p><input type="checkbox"/> <input type="checkbox"/> Diazepam (Valium)</p> <p><input type="checkbox"/> <input type="checkbox"/> Diphenhydramine Hydrochloride (Benadryl)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dopamine Hydrochloride</p> <p><input type="checkbox"/> <input type="checkbox"/> Epinephrine 1:1000 solution</p> <p><input type="checkbox"/> <input type="checkbox"/> Epinephrine 1:10000 solution</p> <p><input type="checkbox"/> <input type="checkbox"/> Furosemide (Lasix)</p> <p><input type="checkbox"/> <input type="checkbox"/> Lidocaine Hydrochloride</p> <p><input type="checkbox"/> <input type="checkbox"/> Magnesium Sulfate</p> <p><input type="checkbox"/> <input type="checkbox"/> Morphine Sulfate</p> <p><input type="checkbox"/> <input type="checkbox"/> Naloxone Hydrochloride (Narcan)</p> <p><input type="checkbox"/> <input type="checkbox"/> Nitroglycerine (excluding intravenous administration)</p> <p><input type="checkbox"/> <input type="checkbox"/> Normal Saline</p> <p><input type="checkbox"/> <input type="checkbox"/> Oxygen</p> <p><input type="checkbox"/> <input type="checkbox"/> Ringers Lactate</p> <p><input type="checkbox"/> <input type="checkbox"/> Thiamine</p> <p>Yes No <b>SELECTIVE MEDICATION LIST</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Bretylium tosylate <i>and/or</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Procainamide Hydrochloride</p> <p><input type="checkbox"/> <input type="checkbox"/> Dextrose, 10 percent in water <i>and/or</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Dextrose, 25 percent in water</p> <p><i>At least one of the following:</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Albuterol solution for inhalation (Proventil)</p> <p><input type="checkbox"/> <input type="checkbox"/> Isoetharine solution for inhalation (Brochosol)</p> <p><input type="checkbox"/> <input type="checkbox"/> Metaproterenol solution for inhalation (Alupent)</p> <p>Yes No <b>ELECTIVE MEDICATION LIST</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Activated Charcoal</p> <p><input type="checkbox"/> <input type="checkbox"/> Aminophylline</p> <p><input type="checkbox"/> <input type="checkbox"/> Acetylsalicylic acid (Aspirin)</p> <p><input type="checkbox"/> <input type="checkbox"/> Bumetanide (Bumex)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dexamethasone sodium phosphate (Decadron)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dextrose, 5 percent in water and normal saline 0.45 percent</p> <p><input type="checkbox"/> <input type="checkbox"/> Diltazem hydrochloride (Cardizem)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dobutamine hydrochloride</p> <p><input type="checkbox"/> <input type="checkbox"/> Flumazenil (Mazicon)</p> <p><input type="checkbox"/> <input type="checkbox"/> Glucagon</p> <p><input type="checkbox"/> <input type="checkbox"/> Haloperidol (Haldol)</p> <p><input type="checkbox"/> <input type="checkbox"/> Heparin sodium</p> <p><input type="checkbox"/> <input type="checkbox"/> Ipecac syrup</p> <p><input type="checkbox"/> <input type="checkbox"/> Isoproterenol hydrochloride (Isuprel)</p> <p><input type="checkbox"/> <input type="checkbox"/> Lorazepam (Ativan)</p> <p><input type="checkbox"/> <input type="checkbox"/> Metoprolol tartrate (Lopressor)</p> <p><input type="checkbox"/> <input type="checkbox"/> Methylprednisolone sodium succinate (SoluMedrol)</p> <p><input type="checkbox"/> <input type="checkbox"/> Midazolam hydrochloride (Versed)</p> <p><input type="checkbox"/> <input type="checkbox"/> Nalbuphine hydrochloride</p>

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