

New Jersey Department of Health
Office of Emergency Medical Services

**AMBULANCE SURVEY REPORT:
ADVANCED LIFE SUPPORT (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 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>Yes No STANDARD SAFETY EQUIPMENT AND WARNING DEVICES</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 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 (TRANSPORT), Continued

Vehicle Rec. No.		Survey Date
<p>PATIENT COMPARTMENT DIMENSIONS AND REQUIREMENTS</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Manufactured after April 30, 1986</p> <p><input type="checkbox"/> <input type="checkbox"/> Manufacturer certifies vehicle to meet current KKK-A-1822 specifications</p> <p><input type="checkbox"/> <input type="checkbox"/> Height at least 54" at or near center; length at least 116"</p> <p><input type="checkbox"/> <input type="checkbox"/> Width at least 56" when measured at 52" above floor (include cabinets)</p> <p><input type="checkbox"/> <input type="checkbox"/> Patient compartment distinctly separated from driver's compartment by bulkhead</p> <p><input type="checkbox"/> <input type="checkbox"/> Patient compartment has both curbside and rear doors</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door equipped with auto manufacturer installed door handles</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door can be unlocked and opened from the inside and outside</p> <p><input type="checkbox"/> <input type="checkbox"/> Each doorway opening at least 28" wide by 44" high</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door has a window; rear windows fixed and non-opening</p> <p><input type="checkbox"/> <input type="checkbox"/> Attendant seat at head or side of stretcher</p> <p><input type="checkbox"/> <input type="checkbox"/> Bench seats shall have a passive barrier at the forward end of the bench on all vehicles manufactured after July 1, 2002</p> <p><input type="checkbox"/> <input type="checkbox"/> Working interior lights in patient area</p> <p><input type="checkbox"/> <input type="checkbox"/> Minimum 10" aisle between stretcher & bench seat</p>		<p>OXYGEN SYSTEM(S), COMPONENTS AND AIRWAY SUPPLIES</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Installed system; min. 3000 liter capacity with attached handle or wrench. Cylinder controls shall be accessible from inside the vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Port system; min. 300 liter capacity, spare, full 300 liter tank and attached handle/wrench</p> <p><input type="checkbox"/> <input type="checkbox"/> Each O₂ tank has medical grade O₂, color coded green, current hydrostatic test date, is tagged "full," "in use," "empty" or have a pressure indicating gauge</p> <p><input type="checkbox"/> <input type="checkbox"/> Each system has a regulator set to 50 psi</p> <p><input type="checkbox"/> <input type="checkbox"/> All O₂ retention systems comply with AMD standard 003 and KKK-A-1822</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 transparent domed facemasks, 1 each: adult, medium adult, and pediatric; with 22 mm fittings</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 adult, single service non-rebreathing masks:</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 single service nasal cannulas</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 oral airways: (1) large adult, adult, pediatric and infant (all single use)</p> <p><input type="checkbox"/> <input type="checkbox"/> BVM: (1) adult, pediatric and infant</p>
<p>STANDARD PATIENT TRANSPORT DEVICES, SPLINTS AND RELATED EQUIPMENT</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable wheeled litter with min 2" mattress</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable stretcher. Reeves type / folding type or of the combination stretcher/stair-chair type (Reeves type required for emergency response.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Wheeled litter retention system complies with current AMD standard 004</p> <p><input type="checkbox"/> <input type="checkbox"/> Each litter and stretcher has proper patient restraint devices in number, type and positioning</p> <p><input type="checkbox"/> <input type="checkbox"/> Inflexible impervious long spine board with runners</p> <p><input type="checkbox"/> <input type="checkbox"/> Orthopedic (scoop) litter</p> <p><input type="checkbox"/> <input type="checkbox"/> Head immobilization device</p> <p><input type="checkbox"/> <input type="checkbox"/> Commercially available vest type upper spinal immobilization device (K.E.D. type)</p> <p><input type="checkbox"/> <input type="checkbox"/> Lower extremity traction splint</p> <p><input type="checkbox"/> <input type="checkbox"/> 6 Rigid cervical collars in at least 3 different sizes and 1 being pediatric</p> <p><input type="checkbox"/> <input type="checkbox"/> 6 padded, impervious splints; various sizes</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 straps 2"x 9' or clip on type straps with accommodating long spine board or commercially available backboard restraint (Spider Straps-type)</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable Stairchair</p> <p><input type="checkbox"/> <input type="checkbox"/> Federally-approved child restraint system (required on emergency response vehicle at all times)</p>		<p>MEDICAL SUPPLIES AND OTHER PATIENT CARE EQUIPMENT</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Stethoscope, B/P cuffs (obese adult, adult, pediatric)</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 pen lights for patient Exam, Trauma or bandage scissors</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 cloth blankets and 2 cloth or disposable sheets (60" x 80")</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 towels, 12 cravats, 2 rolls of medical adhesive tape</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sets of personal protection (gowns/masks)</p> <p><input type="checkbox"/> <input type="checkbox"/> Respiratory protection masks that are effective in filtering airborne pathogens (N95 particulate type)</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sets of eye protection; 1 box exam gloves; latex free items recommended, 4 red "biohazard" type bags</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 liter sterile saline (plastic container and current exp. date), 2 fluid ounces of glucose</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 sterile multi trauma dressings, 12 conforming roller bandages at least 3" x 5 yards, 24 sterile 4 x 4's</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sterile burn sheets, 4 occlusive dressings or sterile aluminum foil</p> <p><input type="checkbox"/> <input type="checkbox"/> OB kit containing 4 towels, 12 sterile 4 x 4s, 4 cord clamps, bulb syringe, 1 receiving blanket, 4 pairs of sterile gloves and contents listed on exterior of kit</p>

AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (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 REQUIRED MEDICATION LIST</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 SELECTIVE MEDICATION LIST</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 ELECTIVE MEDICATION LIST</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>

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

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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: right;">Yes</td> <td style="width:5%; text-align: right;">No</td> <td>ELECTIVE MEDICATION LIST, CONTINUED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nifedipine</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Norapinephrine bitartrate (Levophed)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pralodoxine chloride (Protopam)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sodium bicarbonate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Terbutaline sulfate (Brethine)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Verapamil hydrochloride</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insulin</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> <td>MEDICATION, NEEDLE & SYRINGE STORAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>All medications and solutions show current expiration date</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>There are no prohibited medications being carried on vehicle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Vehicle and all medications and solutions stored in climate controlled setting</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>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</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>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</td> </tr> </table>	Yes	No	ELECTIVE MEDICATION LIST, CONTINUED	<input type="checkbox"/>	<input type="checkbox"/>	Nifedipine	<input type="checkbox"/>	<input type="checkbox"/>	Norapinephrine bitartrate (Levophed)	<input type="checkbox"/>	<input type="checkbox"/>	Pralodoxine chloride (Protopam)	<input type="checkbox"/>	<input type="checkbox"/>	Sodium bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	Terbutaline sulfate (Brethine)	<input type="checkbox"/>	<input type="checkbox"/>	Verapamil hydrochloride	<input type="checkbox"/>	<input type="checkbox"/>	Insulin	 	 	 	Yes	No	MEDICATION, NEEDLE & SYRINGE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	All medications and solutions show current expiration date	<input type="checkbox"/>	<input type="checkbox"/>	There are no prohibited medications being carried on vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle and all medications and solutions stored in climate controlled setting	<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	<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">PNEUMATIC TESTING</td> </tr> <tr> <td style="width:5%; text-align: right;">Yes</td> <td style="width:5%; text-align: right;">No</td> <td>Suction Units (Aspirators)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Portable: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20 minute operation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Suction unit operates \geq 20 minutes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Flow Rate \geq 30 L/min</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Vacuum \geq 300 mm Hg in 4 seconds</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Maximum vacuum \geq 400 mm Hg</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> <td>Oxygen Flow Meters (Portable)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Make: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>System is leak free</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Flow rate within 1.0 L/min when \leq 5 L/min</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Flow rate within 1.5 L/min when 6-10 L/min</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Flow rate within 2.0 L/min when \geq 11 L/min</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If dial-type: "clicks" into position</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If valve-type: Takes $>$ 1 turn to go 0-15 L/min</td> </tr> </table>	PNEUMATIC TESTING		Yes	No	Suction Units (Aspirators)	<input type="checkbox"/>	<input type="checkbox"/>	Portable: _____	<input type="checkbox"/>	<input type="checkbox"/>	20 minute operation	<input type="checkbox"/>	<input type="checkbox"/>	Suction unit operates \geq 20 minutes	<input type="checkbox"/>	<input type="checkbox"/>	Flow Rate \geq 30 L/min	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum \geq 300 mm Hg in 4 seconds	<input type="checkbox"/>	<input type="checkbox"/>	Maximum vacuum \geq 400 mm Hg	 	 	 	Yes	No	Oxygen Flow Meters (Portable)	<input type="checkbox"/>	<input type="checkbox"/>	Make: _____	<input type="checkbox"/>	<input type="checkbox"/>	System is leak free	<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 1.0 L/min when \leq 5 L/min	<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 1.5 L/min when 6-10 L/min	<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 2.0 L/min when \geq 11 L/min	<input type="checkbox"/>	<input type="checkbox"/>	If dial-type: "clicks" into position	<input type="checkbox"/>	<input type="checkbox"/>	If valve-type: Takes $>$ 1 turn to go 0-15 L/min																			
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<input type="checkbox"/>	<input type="checkbox"/>	Terbutaline sulfate (Brethine)																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Verapamil hydrochloride																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Insulin																																																																																																																	
Yes	No	MEDICATION, NEEDLE & SYRINGE STORAGE																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	All medications and solutions show current expiration date																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	There are no prohibited medications being carried on vehicle																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle and all medications and solutions stored in climate controlled setting																																																																																																																	
<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																																																																																																																	
<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																																																																																																																	
PNEUMATIC TESTING																																																																																																																			
Yes	No	Suction Units (Aspirators)																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Portable: _____																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	20 minute operation																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Suction unit operates \geq 20 minutes																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Flow Rate \geq 30 L/min																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Vacuum \geq 300 mm Hg in 4 seconds																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Maximum vacuum \geq 400 mm Hg																																																																																																																	
Yes	No	Oxygen Flow Meters (Portable)																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Make: _____																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	System is leak free																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 1.0 L/min when \leq 5 L/min																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 1.5 L/min when 6-10 L/min																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Flow rate within 2.0 L/min when \geq 11 L/min																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	If dial-type: "clicks" into position																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	If valve-type: Takes $>$ 1 turn to go 0-15 L/min																																																																																																																	
SCTU EQUIPMENT																																																																																																																			
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