

MEMORIAL EMS SYSTEM
PREHOSPITAL POLICIES MANUAL

IDPH Non-Transport Supply List



State of Illinois
Illinois Department of Public Health

Emergency Medical Systems
Non-Transport Inspection Form

Provider Provider Number V.I.N. (last four if applicable)
Provider Address City/State/Zip
Phone Number Contact E-mail
Vehicle Type or Stationary Unit Location/Address

Level of Care ALS ILS BLS FR Local ID EMS System Date
 Initial Annual Self Inspection Compliant Waiver (attached)
 Issue license Reinspection required (non-life threatening equipment problems)
 A condition has been identified that could result in harm to the public, this vehicle should be removed from service until corrections are made, a reinspection is conducted, and IDPH approves.

Equipment

- Adhesive tape rolls (2)
- Airways - Oropharyngeal airways (adult, child, infant)
- Airways - Nasopharyngeal airways (size 12-34 F w/lubricant)
- Bandages/ arm slings/triangular (2)
- Bandages/ roller, self adhering (4)
- Bandages/ sterile gauze pads (4x4) (10)
- Bandages/ Vaseline gauze (3"x 8") (1)
- Bandages/ trauma/universal dressings (2)
- Bandage scissors (1)
- Blanket (Mylar accepted) (1)
- Blood pressure cuffs (adult, child, infant) w/ gauges
- Burn Sheet (1)
- C-collars, adjustable or (1 each)-Adult Lg., Med., Sm., Child, Infant
- Cold Packs (2) and Warm packs (2)
- Communication equipment to contact hospital
- Defibrillator/AED - w/adult and pediatric pads
- Flashlight and Pen light
- Obstetrical Kit, sterile w/head cover (1)
- Oxygen equipment-adult, child infant masks (1 each)
Cylinder must be minimum 1200 with O2 tank key attached
- Oxygen flowmeter/regulator for 15 lpm with delivery tubing
- Personal protective items - isolation bags (1), non-porous gloves (2), face/eye mask (2), gowns (2)
- Run report forms (5)
- Squeeze bag-valve-mask - adult bag with adult mask
- Squeeze bag-valve-mask - child, infant, and neonate mask
- Splinting devices (2)
- Sterile solution (1000cc) in plastic bottles or bags
- Stethoscope (1)
- Suction Device with tubing and sterile single use suction catheters, one from each size range, 6 - 8; 10 - 12; 14 - 18.
- ILS/ALS system approved equipment (medication storage box, airway equipment, monitor/defibrillator)**
- Meets temperature/environmental control standards for medication storage box.**

COMMENTS:

I verify that the information provided is true and correct to the best of my knowledge. I understand that misrepresentation of this information will constitute grounds to invalidate this inspection documentation and my result in loss of EMS provider licensure.

Pre-Hospital Care Provider/Owner or Representative Signature, Title and Date

EMS System Coordinator Signature and Date

Illinois Department of Public Health Representative Signature, Title and Date

IOCI 16-60