

AMBULANCE SERVICE INSPECTION FORM

Date: _____

Insp #: _____

Licensee:				Box Manufacturer:	
Vehicle Identification Number (VIN):	Year:	Make:	Model:	Unit #:	Mileage:

Minnesota Statutes 144E.18 INSPECTIONS.

The board may inspect ambulance services as frequently as deemed necessary to determine whether an ambulance service is in compliance with sections 144E.001 – 144E.33 and rules adopted under those sections. The board may review at any time documentation or electronic files required to be on file with a licensee.

DOCUMENTS (Must be on file)

- ☐ License App. Documentation (MR 4690.0200, Subp. 3)
- ☐ PSA Description (MR 4690.3400)
- ☐ Mutual Aid Agreement (MS 144E.101, Subd. 12)
- ☐ Personnel Roster and Files (MS 144E.101, Subd. 11(a))
- ☐ Driver (MS 144E.101, Subd. 10)
- ☐ ALS Hardship Variance Granted (MS 144E.101, Subd. 7(f))
- ☐ Medical Director Statement (MS 144E.101, Subd. 11(b))
 - ☐ Adult Guidelines (MS 144E.265, Subd. 2(4))
 - ☐ Pediatric Guidelines (MS 144E.265, Subd. 2(4))
 - ☐ Trauma Guidelines (MS 144E.101, Subd. 14)
- ☐ ALS Medical Control Agreement (MS 144E.101, Subd. 7(d))
- ☐ Annual Med. Dir. Skill Verification (MS 144E.265, Subd. 3)
- ☐ Variance for Drugs (MR 4690.8300, Subp. 7)
- ☐ Variance Maintenance (MR 4690.8300, Subp. 8)
- ☐ Approved Special Procedures (MS 144E.101, Subd. 6(d))
- ☐ MD Documents Date Last Signed _____
- ☐ Operational Procedures (MS 144E.125)
 - ☐ Internal/External Complaints
 - ☐ Maintenance of Ambulance and Equipment
 - ☐ Drug Procurement & Storage
 - ☐ Infection Control
- ☐ Maintenance, Sanitation, & Testing of Equipment (MS 144E.103, Subd. 2(a)(7) & MR 4690.1800 A)
- ☐ Written Schedule (MS 144E.101, Subd. 11(a)(1))
- ☐ MNSTAR Pre-hospital Care Data (MS 144E.123)

AMBULANCE REQUIREMENTS

- ☐ State Decal (MR 4690.8000)
- ☐ Ambulance Standards (MR 4690.1500)
- ☐ Communications Equipment (MS 144E.103 Subd. 5 & MR 4690.2000)
- ☐ Maintenance/Sanitation of Ambulance & Equipment (MS 144E.103 Subd. 2(a)(1-6) & MR 4690.1800)

EQUIPMENT (MS 144E.103, Subd. 1, 2, 3, 4)

- ☐ Oxygen
- ☐ Airway Maintenance Equipment to Accommodate All Age Groups
 - ☐ Supraglottic Airway _____
- ☐ Splinting Equipment to Accommodate All Age Groups
- ☐ Dressings, bandages, commercially manufactured tourniquet
- ☐ Emergency Obstetric Kit
- ☐ Equipment to Determine Vital Signs to Accommodate All Age Groups
- ☐ Stretcher
- ☐ Defibrillator – Pad Expiration: _____
- ☐ Fire Extinguisher _____ (date of last charge)
- ☐ Opiate Antagonist
- ☐ Secure Storage
- ☐ Safety restraints & Seat Belts
- ☐ Variance Medications
 - ☐ Inhaler ☐ Neb ☐ Epinephrine ☐ Nitro ☐ Glucagon

ALS REQUIREMENTS (MS 144E.101, Subd. 7(b))

- ☐ Advanced Airway Management _____
- ☐ Manual Defibrillation _____ (type of device)
- ☐ Administration of IV Fluids
- ☐ Pharmaceuticals

AIR AMBULANCE SERVICE REQUIREMENTS (MS 144E.121)

- ☐ Aviation Compliance
- ☐ Personnel
- ☐ Equipment

Comments:

Licensee Authorized Official:	Date:
OEMS Authorized Official:	Date: