



ZENNIA C. PECINA, MSN, RN  
HEALTH PROFESSIONAL LICENSING  
OFFICE (HPLO) EMS ADMINISTRATOR

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT  
Office of the Emergency Medical Services



THERESA C. ARRIOLA, MBA  
DIRECTOR

PETERJOHN D. CAMACHO, MPH  
DEPUTY DIRECTOR

TERRY G. AGUON  
DEPUTY DIRECTOR

AMBULANCE INSPECTION FORM

**AUTHORIZED EQUIPMENT:** Ambulance services must carry equipment and medications as required by the current Guam EMS Protocols and Guidelines. Ambulance services should not equip ambulances with equipment that is outside of scope of practice of its EMT employees, or outside of the service's level of licensure.

**PERFORMANCE STANDARDS:** All equipment must be designed and constructed to meet current industry standards and be in compliance with the Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard (GVS) and National Fire Protection Association (NFPA) 1917.

**MAINTENANCE:** All equipment and supplies must be maintained according to manufacturer's specifications with regard to maintenance, storage, expiration date, replacement, etc.

Informational Data

Date of Ambulance Inspection: -----	
Registered Agency: -----	
Agency's Address: -----	
Official License Plate Number: -----	
Date of last ambulance inspection: -----	
Current Mileage Reading: -----	
Location of Ambulance: -----	
Year/Make/Model: Type I [ ] II [ ] III [ ] -----	
Color: -----	
Vehicle Identification #: -----	
Vehicle Registration #: -----	
Date of last safety Inspection: -----	
Vehicle Inspection Decal No: -----	
Expiration date of Safety Inspection: -----	
Is Safety Inspection Form Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>	

**TYPE OF EMERGENCY MEDICAL SERVICE: (Check one box only)**  
 Basic Life Support (ambulance)  
 Advanced Life Support  
 Other: \_\_\_\_\_

Inspected by:  
Breanna Sablan \_\_\_\_\_  
 Program Coordinator IV, Office of EMS Date  
  
Zennia Pecina, MSN, RN \_\_\_\_\_  
 Administrator, Office of EMS Date



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Item Present					
Item # Item Name	Vehicle	Description	Yes	No	Not Operable
1. Ambulance Cot	Ambulance	-One (1) 4-wheeled, multi-level ambulance cot -Standard cot mattress with waterproof cover	<input type="checkbox"/>	<input type="checkbox"/>	
2. Bag Valve Mask Ventilation Unit (BVM)	Ambulance	One (1) hand-operated bag/mask ventilation unit with adult mask(s) capable of use with oxygen supplies (disposable, single-use units recommended). The unit must be accessible within the patient compartment and include, at a minimum: a) Once (1) each child and infant size bag/mask ventilation units; b) Two (2) oxygen connector tubes, minimum 84 inches long; c) One (1) oxygen supply reservoir for each bag/mask ventilation unit.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Portable Oxygen Unit	Ambulance	Portable positive pressure resuscitator/inhalation unit designed to operate in conjunction with external cardiac compressions and deliver nearly 100% oxygen. All components must be stored together. Unit must be equipped with: a) One (1) bag/valve/mask ventilation unit; b) Oxygen cylinder with minimum capacity of 300 liters; c) Oxygen cylinder pressure gauge and regulator capable of delivering a range of zero (0) to fifteen (15) liters per minute; d) Two (2) different sizes of resuscitator masks; e) Two (2) each child adult size transparent, disposable, high concentration oxygen masks with delivery masks; f) Two (2) adult nasal cannula with delivery tube; g) Oxygen connecting tubing; h) Cylinder wrench or wheel secured to unit; one (1) full spare oxygen cylinder, minimum 300 liters.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Installed Suction	Ambulance	[Required by KKK-A-1822 s. 3.12.3] Electrically powered suction aspirator system shall be furnished			



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		<p>with an illuminated switch, and panel mounted to include:</p> <ul style="list-style-type: none"> <li>a) One (1) non-breakable, transparent collection bottle or bag, minimum 1,000 ml capacity;</li> <li>b) One (1) suction rinsing water bottle;</li> <li>c) Two (2) semi-rigid pharyngeal suction tip with thumb suction control port;</li> <li>d) Two (2) transparent or translucent, non-kinking suction tubing minimum ¼ inch in diameter;</li> <li>e) Two (2) each 5, 8,14 French suction catheters</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Portable Suction system	Ambulance	<p>One (1) adjustable gas or battery powered portable suction apparatus, capable of delivering a minimum vacuum of 600 millimeters of mercury and equipped with the following:</p> <ul style="list-style-type: none"> <li>a) Wide bore, non-kinking tube;</li> <li>b) Pharyngeal suction tip;</li> <li>c) Non-breakable, transparent collection bottle, minimum capacity 550 cc (disposable container recommended).</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Traction Splints	Ambulance	<p>One (1) adult size</p> <p>One (1) child size</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
7. Paddle Board Splints	Ambulance	<p>Covered padded board splints or equivalent impervious to saturation by fluids minimum two (2) each of the following sizes:</p> <ul style="list-style-type: none"> <li>a) 3 feet by 3 inches;</li> <li>b) 15 inches by 3 inches;</li> <li>c) 4 ½ feet by 3 inches</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Spine Boards and Accessories	Ambulance	<p>-One (1) half spine board with three (3) torso straps and head strap (2 tape or functional equivalent), or equivalent (i.e. KED):</p> <p>-One (1) full spine board:</p> <p>-Accessories for each full spine board:</p> <ul style="list-style-type: none"> <li>a) Four (4) straps of 9 foot length or functional equivalent.</li> <li>b) Four (4) adult rigid cervical collars of various sizes (.g. no-neck, small, medium, and large), or one (1) adult adjustable collar, and three (3) child size rigid cervical collars of various sizes (e.g. infant, toddler, and child), or one</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	



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		pediatric adjustable collar at a minimum; c) Sufficient padding material to maintain in-line head and cervical spine support and stabilization (i.e. foam blocks and rolled blankets)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Stair Chair	Ambulance		<input type="checkbox"/>	<input type="checkbox"/>	
10. Airways	Ambulance	Six (6) oropharyngeal airways (2) each infant, child, adult a) Eight (8) adult size nasopharyngeal airways; one (1) each: 20F, 22F, 24F, 26F, 28F, 30F, and 34F b) Four (4) pediatric size nasopharyngeal airways; one (1) each; 12F, 14F, 16F, 18F; c) Tube of water soluble lubricant.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Small Dressings	Ambulance	Twenty-four (24) sterile gauze pads minimum 4" x 4"			
12. Medium Dressings	Ambulance	Twelve (12) sterile, individual packages dressings, minimum 5" x 9", or equivalent.			
13. Large Dressings	Ambulance	Six (6) sterile, individual wrapped universal dressing. Minimum 10" x 30"			
14. Soft Roller bandage	Ambulance	Twelve (12) rolls soft roller, self-adhering bandage, either 3" or 4" size.			
15. Triangular Bandage	Ambulance	Twelve (12) triangular bandage			
16. Adhesive tape	Ambulance	Four (4) rolls of 1" x 5 yd, one which must be hypoallergenic			
17. Bandage shears	Ambulance	One (1) pair bandage shears			
18. Obstetrical Kit	Ambulance	One (1) sterile commercial obstetrical kit			
19. Irrigation Fluid	Ambulance	Three (3) liters of sterile water or saline solution, in unbreakable containers.			
20. Bed Pan	Ambulance	One (1) Adult bed pan.			
21. Pillows	Ambulance	Two (2) pillows with pillow cases			
22. Sheets	Ambulance	Ten (10) sheets			
23. Blanket	Ambulance	Two (2) blankets			
24. Tissues	Ambulance	Two (2) boxes of disposable paper tissues.			
25. Infection Control Kits	Ambulance	Two (2) Infection Control Kits containing disposable, fluid resistant gowns, masks, caps, protective eye wear, and disposable gloves.			



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26. Adult Sphygmomanometer (Blood Pressure Cuffs)	Ambulance	One (1) adult, sphygmomanometer.			
27. Large Adult Sphygmomanometer (Blood Pressure Cuffs)	Ambulance	One (1) large adult, thigh size sphygmomanometer			
28. Child sphygmomanometer (Blood Pressure Cuffs)					
29. Infant sphygmomanometer (Blood Pressure Cuffs)	Ambulance	One (1) infant size sphygmomanometer			
30. Stethoscope	Ambulance	One (1) stethoscope			
31. Contained Trash Container	Ambulance	Two (2) disposable "Bio-Hazard" bags			
32. Eye Shields	Ambulance	Two (2) combination face mask/eye shield or two (2) each face mask and protective eye wear.			
33. Gloves	Ambulance	Six (6) Pairs of disposable exam type gloves in three (3) different sizes.			
34. Hand cleaner	Ambulance	One (1) dispenser antiseptic hand cleaner			
35. Automatic External Defibrillator (AED)	Ambulance	One (1) automatic external cardiac defibrillator (AED) with appropriate accessories (to include pediatric pads)			
36. EMS Protocols	Ambulance	One (1) current EMS Protocol Manual.			

	YES	NO	Not Operable	Comments
All lamps, lights, and reflectors are functional.				
Star of Life Markings are visible.				



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	YES	NO	Not Operable	Comments
Disinfectant				
Biohazard Trash Bin				
Policy for Biohazard waste removal				
Patient Care Report				
Radio				
Protocols				
Ambulance Inspection Form				
BLS/ACLS Cards				
Local License (I.E. EMT/AEMT Paramedic				
Chauffer's license				
NREMT Certification				
Copy of Business License				
Copy of Driver's License				

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_