

**Illinois Department of Public Health  
Division of Emergency Medical Services and Highway Safety  
Non-transport Vehicle Inspection Form**

Provider name \_\_\_\_\_

Region \_\_\_\_\_ Provider number \_\_\_\_\_

Provider address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Vehicle year/Manufacturer \_\_\_\_\_

Vehicle address \_\_\_\_\_

V.I.N. (last four nos.) \_\_\_\_\_

ALS ILS B/D BLS FR/D FR

Level of care (circle one)

Local I.D. \_\_\_\_\_

EMS system \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle type (check one)     Engine     Pumper     Squad     Truck     Other (describe in comments section)

Vehicle class (check one)     Primary (staffed 24 hrs./7 days)     Assist (staffed as available)

Initial     Annual     Self-inspection     3<sup>rd</sup> party     Complaint     Other (see comment form)     Waiver (attached)

Issue license     Reinspection required (non-life threatening equipment problems)     **Advisory DO NOT OPERATE UNTIL REPAIRED/ REINSPECTED**

**Legal action required for the following:  A condition has been identified that could result in harm to the public. This vehicle should be removed from service until all corrections are made, a reinspection is conducted and IDPH approves (see comment form).**

**First Responder Equipment**

Triangular bandages/Arm slings

Adhesive tape rolls

Non-porous disposable gloves

Roller bandages, self-adhering (4" X 5 yd.)

Blanket

Adult squeeze bag-valve-mask with adult and child mask

Trauma/universal dressings

Isolation bag

Child squeeze bag-valve-mask with child and infant mask

Sterile gauze pads (4" X 4")

OSHA personal protection items (face/eye mask, gowns)

Oropharyngeal airways (adult, child, infant)

Vaseline gauze/Occlusive bandages (3" X 8")

Upper extremity splints

Pediatric lower extremity splints

Bandage scissors

Lower extremity splints

Automatic defibrillator (requires EMS system approval)

Oxygen equipment with adult, child, infant masks (one each); cylinder is to be full

**First Responder Optional Equipment**

Stabilizing device for impaired object/Tourniquet

**All Other Non-Transports  
(in addition to above equipment)**

Oxygen flowmeter/Regulator for 15 lpm

Cervical collars (adult, child, infant, peds)

Obstetrical kit, sterile with head cover

Delivery tubing

Blood pressure cuffs (adult, child, infant) with gauges

Cold packs

Nasopharyngeal airways (sizes 12-30 f w/lubricant)

Stethoscope

EMS run forms

Manually operated suction device (IDPH approved)

Burn sheet (individually wrapped)

Equipment to allow communication with hospital

Flashlight

Sterile solution (1000cc) in plastic bottles or bags

ILS/ALS system approved equipment (drug box, airway equipment, monitor/defibrillator)

Long backboard

COMMENTS:

As owner/representative, I agree to provide medical care in compliance with the Emergency Medical Services Act rules and regulations, 24 hours a day, every day of the year. Each vehicle will be staffed by at least two emergency medical technicians, pre-hospital R.N.s or physicians on all emergency calls. If this vehicle is operated at the intermediate or paramedic level, it will be staffed by at least one person with the appropriate license for the level of care at which the vehicle is being operated and one other emergency medical technician, pre-hospital R.N. or physician.\* I agree to provide emergency service within my service area on a per need basis without regard to a patient's ability to pay. (\*State minimum requirements; EMS systems may require a higher level of staffing.)

Pre-hospital care provider/Owner or representative signature and title \_\_\_\_\_

Illinois Department of Public Health representative signature and title \_\_\_\_\_