



# Memorandum

To: Peoria Area EMS System Agencies

From: Peoria Area EMS System Office

Date: December 9, 2013

Re: Non-Transport Inspections

---

This is a reminder that all Non-Transport Inspections are due by February 28, 2014. This year the Peoria Area EMS System Office is going to have all agencies perform self-inspections.

After completing the inspection, send the signed and completed inspection form(s) to the Peoria Area EMS System Office. Once received, I will sign and submit them to the Illinois Department of Public Health (IDPH) for processing.

Please let me know if you have any questions.

*Dave Klings*

EMS System Manager  
Peoria Area EMS System  
Phone: (309) 655-3759  
Fax: (309) 655-2090  
Email: [Dave.R.Klings@osfhealthcare.org](mailto:Dave.R.Klings@osfhealthcare.org)

**Illinois Department of Public Health  
Division of Emergency Medical Systems 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**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Triangular bandages/Arm slings                         | <input type="checkbox"/> Adhesive tape rolls   | <input type="checkbox"/> Non-porous disposable gloves                            |
| <input type="checkbox"/> Roller bandages, self-adhering (4" X 5 yd.)            | <input type="checkbox"/> Blanket   | <input type="checkbox"/> Adult squeeze bag-valve-mask with adult and child mask  |
| <input type="checkbox"/> Trauma/universal dressings                             | <input type="checkbox"/> Isolation bag   | <input type="checkbox"/> Child squeeze bag-valve-mask with child and infant mask |
| <input type="checkbox"/> Sterile gauze pads (4" X 4")                           | <input type="checkbox"/> OSHA personal protection items (face/eye mask, gowns)                               | <input type="checkbox"/> Oropharyngeal airways (adult, child, infant)            |
| <input type="checkbox"/> Vaseline gauze/Occlusive bandages (3" X 8")            | <input type="checkbox"/> Upper extremty splints  | <input type="checkbox"/> Pediatric lower extremty splints                        |
| <input type="checkbox"/> Bandage scissors                                       | <input type="checkbox"/> Lower extremty splints  |  |
| <input type="checkbox"/> Automatic defibrillator (requires EMS system approval) | <input type="checkbox"/> Oxygen equipment with adult, child, infant masks (one each); cylinder is to be full |  |

**First Responder Optional Equipment**

- Stabilizing device for impaled object/Tourniquet

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Oxygen flowmeter/Regulator for 15 lpm              | <input type="checkbox"/> Cervical collars (adult, child, infant, peds)           | <input type="checkbox"/> Obstetrical kit, sterile with head cover  |
| <input type="checkbox"/> Delivery tubing                                    | <input type="checkbox"/> Blood pressure cuffs (adult, child, infant) with gauges | <input type="checkbox"/> Cold packs  |
| <input type="checkbox"/> Nasopharyngeal airways (sizes 12-30 f w/lubricant) | <input type="checkbox"/> Stethoscope   | <input type="checkbox"/> EMS run forms   |
| <input type="checkbox"/> Manually operated suction device (IDPH approved)   | <input type="checkbox"/> Burn sheet (individually wrapped)                       | <input type="checkbox"/> Equipment to allow communication with hospital  |
| <input type="checkbox"/> Flashlight   | <input type="checkbox"/> Sterile solution (1000cc) in plastic bottles or bags    | <input type="checkbox"/> ILS/ALS system approved equipment (drug box, airway equipment, monitor/defibrillator) |
| <input type="checkbox"/> 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 \_\_\_\_\_