

New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services

**AMBULANCE SURVEY REPORT:  
ADVANCED LIFE SUPPORT (TRANSPORT)**

<input type="checkbox"/> Annual	<input type="checkbox"/> Original
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Emergency Response
<input type="checkbox"/> MICU	<input type="checkbox"/> SCTU

Full Provider Trade Name (as on the provider application/license)		License Plate No.	Vehicle Rec. No.
Name on Vehicle		VIN Number	Survey Date
<input type="checkbox"/> READY FOR LICENSE		<input type="checkbox"/> NEEDS RESURVEY	
Name of Surveyor (Print) <i>first / middle / last</i>		Signature	Date
Re-survey Date #1	Vehicle Mileage	Re-survey Date #2	Vehicle Mileage

<p>Yes No <b>GENERAL VEHICLE STANDARDS</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Application and check or money order received. Model Year _____ Mileage _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Valid NJ DMV Reg. - Exp: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Valid Insurance card - Exp: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Correct license plates &amp; current valid DMV Expiration:</p> <p><input type="checkbox"/> <input type="checkbox"/> Tires do not show signs of abnormal wear</p> <p><input type="checkbox"/> <input type="checkbox"/> If gas, is exhaust system free of loose, or leaking joints, holes, leaking seams or patches</p> <p><input type="checkbox"/> <input type="checkbox"/> Tail pipe extends beyond vehicle body and is not pinched or damaged</p> <p><input type="checkbox"/> <input type="checkbox"/> All seats have approved automotive lap best type seatbelts</p> <p><input type="checkbox"/> <input type="checkbox"/> Glazing / plastic free of cracks, sharp edges and discoloration</p> <p><input type="checkbox"/> <input type="checkbox"/> Heater - A/C Heating or Cooling adequately</p> <p><input type="checkbox"/> <input type="checkbox"/> All door and window gaskets in good condition and free of cracks, cuts or other damage</p> <p>Yes No <b>VEHICLE MARKINGS</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Trade name on each side at least 4" high as it appears on the provider's license</p> <p><input type="checkbox"/> <input type="checkbox"/> Rec. # on each side and rear and at least 3" high (1 to 6 characters)</p> <p><input type="checkbox"/> <input type="checkbox"/> Mirror image of word "Ambulance" on front at least 4" high with 3" Star of Life on each side of word</p> <p><input type="checkbox"/> <input type="checkbox"/> 16" Star of Life on each side. 12" Star of Life on rear; translucent or cut out, if on windows</p> <p><input type="checkbox"/> <input type="checkbox"/> 6" word "Ambulance" or "Emergency Medical Services" on each side</p> <p><input type="checkbox"/> <input type="checkbox"/> No smoking signs in patient and driver's areas</p> <p><input type="checkbox"/> <input type="checkbox"/> No unauthorized wording or markings on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> All MICU vehicles markings comply with N. J. A. C. 8:41-9.7(a)1-5</p> <p>Yes No <b>GENERAL EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> All items stored in a crashworthy manner</p> <p><input type="checkbox"/> <input type="checkbox"/> Positive locks on all cabinets and bench seats</p> <p><input type="checkbox"/> <input type="checkbox"/> "Pediatric Assessment Chart" posted in pt. area</p> <p><input type="checkbox"/> <input type="checkbox"/> Succinct list of cabinet contents on cabinet door</p> <p><input type="checkbox"/> <input type="checkbox"/> No wheel chairs carried on vehicle</p>	<p><b>STANDARD SAFETY EQUIPMENT AND WARNING DEVICES</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle equipped with emergency warning lights and a siren</p> <p><input type="checkbox"/> <input type="checkbox"/> Three portable red reflective emergency road triangles or three battery operated flashers</p> <p><input type="checkbox"/> <input type="checkbox"/> One working flashlight; two "D" cell size or larger</p> <p><input type="checkbox"/> <input type="checkbox"/> One fire extinguisher rated 2A10BC or 3A40BC, fully charged and with current inspection tag</p> <p><input type="checkbox"/> <input type="checkbox"/> Extinguisher safely mounted in vehicle</p> <p>Yes No <b>SANITATION</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Patient/storage areas and patient care equipment clean, free of stains, deposits and odors</p> <p><input type="checkbox"/> <input type="checkbox"/> Floor and seats made of impervious material and free of tears, cracks etc.</p> <p><input type="checkbox"/> <input type="checkbox"/> Clean blankets, linen, pillow and mattress replacement linen on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Plastic bags or covered containers shall be provided for all soiled supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle equipped with a trash receptacle</p> <p><b>EMERGENCY RESPONSE AND PATIENT ACCESS EQUIPMENT</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Spring-loaded center punch, 1 prying level "crow bar" and an automotive safety belt cutter</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 standard flat head and 1 Phillips type screwdriver</p> <p><input type="checkbox"/> <input type="checkbox"/> At least 2 protective multi-use jackets and 2 sets of gloves, head and eye protection for required staff. (Long term care facility response only is exempt.)</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Automated External Defibrillator (AED)</b></p> <p><input type="checkbox"/> <input type="checkbox"/> DOT HazMat Guidebook and a copy of the EMS annex of the local emergency operations plan</p> <p><input type="checkbox"/> <input type="checkbox"/> 50 Triage tags, "METTAG" type</p> <p><input type="checkbox"/> <input type="checkbox"/> Spotlight, handheld optional</p> <p><input type="checkbox"/> <input type="checkbox"/> 5 nasopharyngeal airways in assorted sizes and a water soluble lubricant</p>
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**AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (TRANSPORT), Continued**

Vehicle Rec. No.		Survey Date
<p><b>PATIENT COMPARTMENT DIMENSIONS AND REQUIREMENTS</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Manufactured after April 30, 1986</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Manufacturer certifies vehicle to meet current KKK-A-1822 specifications</p> <p><input type="checkbox"/> <input type="checkbox"/> Height at least 54" at or near center; length at least 116"</p> <p><input type="checkbox"/> <input type="checkbox"/> Width at least 56" when measured at 52" above floor (include cabinets)</p> <p><input type="checkbox"/> <input type="checkbox"/> Patient compartment distinctly separated from driver's compartment by bulkhead</p> <p><input type="checkbox"/> <input type="checkbox"/> Patient compartment has both curbside and rear doors</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door equipped with auto manufacturer installed door handles</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door can be unlocked and opened from the inside and outside</p> <p><input type="checkbox"/> <input type="checkbox"/> Each doorway opening at least 28" wide by 44" high</p> <p><input type="checkbox"/> <input type="checkbox"/> Each door has a window; rear windows fixed and non-opening</p> <p><input type="checkbox"/> <input type="checkbox"/> Attendant seat at head or side of stretcher</p> <p><input type="checkbox"/> <input type="checkbox"/> Bench seats shall have a passive barrier at the forward end of the bench on all vehicles manufactured after July 1, 2002</p> <p><input type="checkbox"/> <input type="checkbox"/> Working interior lights in patient area</p> <p><input type="checkbox"/> <input type="checkbox"/> Minimum 10" aisle between stretcher &amp; bench seat</p> <p><b>STANDARD PATIENT TRANSPORT DEVICES, SPLINTS AND RELATED EQUIPMENT</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable wheeled litter with min 2" mattress</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable stretcher. Reeves type / folding type or of the combination stretcher/stair-chair type. (Reeves type required for emergency response.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Wheeled litter retention system complies with current AMD standard 004</p> <p><input type="checkbox"/> <input type="checkbox"/> Each litter and stretcher has proper patient restraint devices in number, type and positioning</p> <p><input type="checkbox"/> <input type="checkbox"/> Inflexible impervious long spine board with runners</p> <p><input type="checkbox"/> <input type="checkbox"/> Orthopedic (scoop) litter</p> <p><input type="checkbox"/> <input type="checkbox"/> Head immobilization device</p> <p><input type="checkbox"/> <input type="checkbox"/> Commercially available vest type upper spinal immobilization device (K.E.D. type)</p> <p><input type="checkbox"/> <input type="checkbox"/> Lower extremity traction splint</p> <p><input type="checkbox"/> <input type="checkbox"/> 6 Rigid cervical collars in at least 3 different sizes and 1 being pediatric</p> <p><input type="checkbox"/> <input type="checkbox"/> 6 padded, impervious splints; various sizes</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 straps 2"x 9' or clip on type straps with accommodating long spine board or commercially available backboard restraint (Spider Straps-type)</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable Stairchair</p> <p><input type="checkbox"/> <input type="checkbox"/> Federally-approved child restraint system (required on emergency response vehicle at all times)</p>		<p><b>OXYGEN SYSTEM(S), COMPONENTS AND AIRWAY SUPPLIES</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Installed system; min. 3000 liter capacity with attached handle or wrench. Cylinder controls shall be accessible from inside the vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Port system; min. 300 liter capacity, spare, full 300 liter tank and attached handle/wrench</p> <p><input type="checkbox"/> <input type="checkbox"/> Each O<sub>2</sub> tank has medical grade O<sub>2</sub>, color coded green, current hydrostatic test date, is tagged "full," "in use," "empty" or have a pressure indicating gauge</p> <p><input type="checkbox"/> <input type="checkbox"/> Each system has a regulator set to 50 psi</p> <p><input type="checkbox"/> <input type="checkbox"/> All O<sub>2</sub> retention systems comply with AMD standard 003 and KKK-A-1822</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 transparent domed facemasks, 1 each: adult, medium adult, and pediatric; with 22 mm fittings</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 adult, single service non-rebreathing masks: 2 single service nasal cannulas</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 oral airways: (1) large adult, adult, pediatric and infant (all single use)</p> <p><input type="checkbox"/> <input type="checkbox"/> BVM: (1) adult, pediatric and infant</p> <p><b>MEDICAL SUPPLIES AND OTHER PATIENT CARE EQUIPMENT</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Stethoscope, B/P cuffs (obese adult, adult, pediatric)</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 pen lights for patient Exam, Trauma or bandage scissors</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 cloth blankets and 2 cloth or disposable sheets (60" x 80")</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 towels, 12 cravats, 2 rolls of medical adhesive tape</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sets of personal protection (gowns/masks)</p> <p><input type="checkbox"/> <input type="checkbox"/> Respiratory protection masks that are effective in filtering airborne pathogens (N95 particulate type)</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sets of eye protection; 1 box exam gloves; latex free items recommended, 4 red "biohazard" type bags</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 liter sterile saline (plastic container and current exp. date), 2 fluid ounces of glucose</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 sterile multi trauma dressings, 12 conforming roller bandages at least 3" x 5 yards, 24 sterile 4 x 4's</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 sterile burn sheets, 4 occlusive dressings or sterile aluminum foil</p> <p><input type="checkbox"/> <input type="checkbox"/> OB kit containing 4 towels, 12 sterile 4 x 4s, 4 cord clamps, bulb syringe, 1 receiving blanket, 4 pairs of sterile gloves and contents listed on exterior of kit</p>

**AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (NON-TRANSPORT), Continued**

Vehicle Rec. No.	Survey Date
<p>Yes No <b>RADIO EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Radio Check (UHF Telemetry)</p> <p><input type="checkbox"/> <input type="checkbox"/> UHF Portable Radio</p> <p><input type="checkbox"/> <input type="checkbox"/> Cell Phone</p> <p><input type="checkbox"/> <input type="checkbox"/> JEMS VHF</p> <p><input type="checkbox"/> <input type="checkbox"/> VHF Check</p> <p>Yes No <b>MISCELLANEOUS TRAUMA EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Needle Chest Decompression Equipment</p> <p>Yes No <b>NEEDLES/SYRINGES/ADULT IV SUPPLIES</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Sharps Container</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacutainer Needles</p> <p><input type="checkbox"/> <input type="checkbox"/> Assorted Needles/Syringes</p> <p><input type="checkbox"/> <input type="checkbox"/> Blood Tubes</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Tubing</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Catheters</p> <p>Yes No <b>BIOMEDICAL EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> <input type="checkbox"/> Charger, Cables, Batteries</p> <p><input type="checkbox"/> <input type="checkbox"/> Defibrillator</p> <p><input type="checkbox"/> <input type="checkbox"/> External Pacemaker</p> <p>Yes No <b>PEDIATRIC EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Spare Batteries and Bulbs</p> <p><input type="checkbox"/> <input type="checkbox"/> O<sub>2</sub> Masks (Child and Infant)</p> <p><input type="checkbox"/> <input type="checkbox"/> BP Cuffs (Child and Infant)</p> <p><input type="checkbox"/> <input type="checkbox"/> Intraosseous Infusion Set</p> <p><input type="checkbox"/> <input type="checkbox"/> IV Catheters/Winged Infusion Sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Laryngoscope/Assorted Sized Blades</p> <p><input type="checkbox"/> <input type="checkbox"/> Stylets</p> <p><input type="checkbox"/> <input type="checkbox"/> Paddles</p> <p><input type="checkbox"/> <input type="checkbox"/> ET Tubes (assorted sizes)</p> <p><input type="checkbox"/> <input type="checkbox"/> Electrodes</p> <p>Yes No <b>MISCELLANEOUS REQUIRED EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Backup Meds and Supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Binoculars</p> <p><input type="checkbox"/> <input type="checkbox"/> Pulse Oximeter</p> <p><input type="checkbox"/> <input type="checkbox"/> Intravenous Infusion Pump</p> <p><input type="checkbox"/> <input type="checkbox"/> Blood Glucose Monitoring System (electronic/visual)</p> <p>Yes No <b>OPTIONAL EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 12 Lead EKG</p> <p><input type="checkbox"/> <input type="checkbox"/> EGTA</p> <p><input type="checkbox"/> <input type="checkbox"/> Adult and Pediatric Mast</p> <p><input type="checkbox"/> <input type="checkbox"/> Oxygen-powered Resuscitators ("demand valve")</p> <p><input type="checkbox"/> <input type="checkbox"/> A Time-Cycled Resuscitator (meets AHA requirements)</p> <p><input type="checkbox"/> <input type="checkbox"/> Doppler-type stethoscope</p>	<p>Yes No <b>MEDICATION, NEEDLE &amp; SYRINGE STORAGE</b></p> <p><input type="checkbox"/> <input type="checkbox"/> All medications and solutions show current expiration date</p> <p><input type="checkbox"/> <input type="checkbox"/> There are no prohibited medications being carried on vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle and all medications and solutions stored in climate controlled setting</p> <p><input type="checkbox"/> <input type="checkbox"/> All medications, needles, and syringes stored in compliance with N.J.A.C. 8:41-8.3, New Jersey Pharmacy Board 8:43G and institutional policies</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcotics stored in double locked storage systems or is under the direct control of prehospital advanced life support provider in compliance with N.J.A.C. 8:41-8.3</p> <p><b>PNEUMATIC TESTING</b></p> <p><b>Suction Units (Aspirators)</b></p> <p><b>Portable:</b> _____</p> <p><input type="checkbox"/> <input type="checkbox"/> 20 minute operation</p> <p><input type="checkbox"/> <input type="checkbox"/> Suction unit operates <math>\geq</math> 20 minutes</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow Rate <math>\geq</math> 30 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacuum <math>\geq</math> 300 mm Hg in 4 seconds</p> <p><input type="checkbox"/> <input type="checkbox"/> Maximum vacuum <math>\geq</math> 400 mm Hg</p> <p>Yes No <b>Oxygen Flow Meters (Portable)</b></p> <p><b>Make:</b> _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.0 L/min when <math>\leq</math> 5 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.5 L/min when 6-10 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 2.0 L/min when <math>\geq</math> 11 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> If dial-type: "clicks" into position</p> <p><input type="checkbox"/> <input type="checkbox"/> If valve-type: Takes <math>&gt;1</math> turn to go 0-15 L/min</p>

**AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (NON-TRANSPORT), Continued**

Vehicle Rec. No.	Survey Date
<b>SCTU EQUIPMENT</b>	
<p>Yes No <b>ADDITIONAL BASIC EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Doppler-type instrument</p> <p><input type="checkbox"/> <input type="checkbox"/> At least 4 red bio-hazard bags</p> <p>Yes No <b>BASIC PEDIATRIC EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi Endotracheal tubes and stylets</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized laryngoscope blades</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized oxygen masks</p> <p><input type="checkbox"/> <input type="checkbox"/> 1000 ml and 450 ml sized bag-valve mask devices</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized electrodes, paddles and defib. pads</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized IV catheters and/or winged infusion sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Intraosseous infusion sets</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi and infant sized blood pressure cuffs</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi sized rigid cervical collars</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedi height/weight and medication guide (Broselow type tape device)</p> <p>Yes No <b>BASIC NEONATAL EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 250 ml sized bag valve mask device</p> <p><input type="checkbox"/> <input type="checkbox"/> Pharmacological agents suitable for treatment of neonate</p> <p><input type="checkbox"/> <input type="checkbox"/> Neonate cardiac monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Hemodynamic monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> IV monitoring equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Isolette</p>	<p>Yes No <b>OPTIONAL EQUIPMENT</b></p> <p><input type="checkbox"/> <input type="checkbox"/> EGTA, LMA or other comm. airways</p> <p><input type="checkbox"/> <input type="checkbox"/> PASG adult and pediatric</p> <p><input type="checkbox"/> <input type="checkbox"/> Auto. manometer one each size cuff</p> <p><input type="checkbox"/> <input type="checkbox"/> Percut. Needle crich. equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Installed or portable air system</p> <p><input type="checkbox"/> <input type="checkbox"/> Doughnut magnets</p> <p align="center"><b><i>EACH SCTU WILL BE EQUIPPED WITH A PORTABLE, AUTOMATIC TRANSPORT VENTILATOR</i></b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Oxygen concentrations between 21 to 100 percent</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable peak pressures</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable inspiratory and expiratory times</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable minute ventilatory rates</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable tidal volume</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjustable high and low pressure alarms</p>