

RESOLUTION NO. 12-283

BE IT RESOLVED by the City Council of the City of Decatur, Alabama that pursuant to Section 3-22 of the Code of Decatur Alabama and upon the recommendation of the EMS Committee, the attached equipment list is hereby approved and the listed equipment is required to be on board any ambulance operating and transporting patients within the City;

BE IT FURTHER RESOLVED by the City Council that the implementation of any new changes or the implementation of the requirements for new required equipment contained on the equipment list shall be November 1, 2012.

ADOPTED this 4^h day of September 2012.

Decatur Fire & Rescue

EMS Division

Annual Ambulance Inspection Form

Date:	Service:	Type of Unit:
Vehicle Year:	VIN:	
Tag #:	Unit ID:	Mileage:

Inspection Code:	Compliant (C)	Non-Compliant (NC)	Unit Grounded:
State Decal:	Interior/Exterior Comments:		

Standard Equipment			
AED or Monitor 1		Fire Axe 1	Spine Board w/3 Straps 2
AED/Monitor Pads Ad. 1		Fire Extinguisher 1	Spinal Collars-Adu/Ped 2
AED/Monitor Pads Ped. 1		Hammer 1	Spinal Block/Devices 2
Assorted Gloves 2 Boxes		Pulse Ox (or Monitor) 1	Splints-Adult & Ped 1 ea
Rescue Bar/Crow Bar 1		Reflectors/Cones Set	Stretcher with 3 Straps 1
Flashlight 1		Short Board or KED 1	Traction Splint 1
Basic Equipment			
ABD Pads 6		Gauze Pads-4x4	Pediatric Nasal
Adult BVM with mask 2		Gauze-Vaseline	Pediatric NRB Mask
Adult Nasal Cannulas 2		Glucometer 1	Pen Light 1
Adult NRB Masks 2		Glucose Paste 1	Pillows (2)
Airways Set-Nasal		Hemostatic Agent 1	SAM Splint or Equiv.
Airways Set-Oral		Infant BVM 2	Sharps Cont-Fixed & Port.
Arterial Tourniquet 1		Infant Nasal 2	Sheets/Blanket (2)
Bandages-Soft Rolls		Infant NRB Mask 2	Stethoscope-Adult & Pedi
Bandages-Triangular		Multi Trauma Dressing 2	Suction On-Board
Bio-Hazard Bags (2)		Obstetrics Kit 1	Suction Portable 1
Bite Blocks 2		Oxygen-On Board Tank	Suction Soft-French 2
Blood Pressure-Assorted		Oxygen-Portable Tank (2)	Suction Tubing 2
Burn Sheets 2		Oxygen Regulator-On Bd.	Suction Yankuer tip 2
CPAP Device 1		Oxygen Regulator-Portble	Tape; Assortment 1&3"
Emergency Blanket 2		Patient Soft Restraints (2)	Trach. Masks (Adu & Ped)
Eye / Face Protection 2		Pediatric BVM with mask	Trauma Shears (2)
Advanced Equipment (Not Applicable if BLS Unit)			
Adult Medium Handle		ET Tube Detector (Bulb)	Medication Box/Kit (1)
Batteries-Extra AA and C		ET 2.0-3.5-Uncuffed-(2)	Magill Forceps-A/P (1 ea.)
Blood Collection Kits		ET 4.0-9.0 Cuff/Un (2)	Macintosh Blades 1-4 (1 ea)
Bougie Device (1)		IV 10 Drip Sets (3)	Miller Blades 0-4 (1 ea.)
Capnography (by 6/2013)		IV 60 Drip Sets (3)	Nebulizer Mask (Ad.& Ped)
CO2 Device-Adult & Ped		IV Needles 24-14	Nebulizer "T" Piece
Chest Kit (Needle & Seal)		IV NS 500&1000 cc(3 ea)	Needles/Butterfly 18g-27g
EKG Electrodes		IV Pressure Infuser (1)	Pediatric Tape/Wheel (1)
EKG-12 Lead (by 6/2013)		IV Start Kit Supplies	Syringes (2/ea.1,3,5, &10)
Other Required Equipment			
BSI Isolation Kits (2)		KING Airway (1)	Pedi-Immobilization Bd. (1)
Bottled Water		LP-Zoll Adap (If App) (1)	Pediatric Trauma Bag (1)
EZ-IO (Adu/Ped) (1 ea.)		Mega-Mover or Equiv. (1)	Scoop Stretcher 1

I the undersigned representative of the above named service do hereby acknowledge the receipt of a copy of this inspection form. I understand that my service will not be issued a City of Decatur Ambulance Vehicle Permit until all items are compliant with the City of Decatur - EMS Ordinance requirements. No Ambulance for hire shall operate within the City of Decatur without meeting the equipment requirements set forth in this inspection form.

Decatur Fire Representative _____ Provider Representative: _____