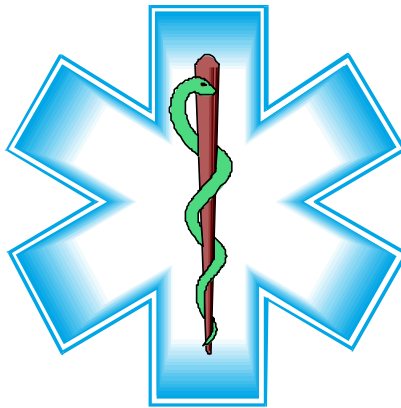


VOLUNTARY RESCUE SERVICE RECOGNITION

A Voluntary Program for Rescue Services



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P.O. Box 90
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FORWARD

The Pennsylvania Voluntary Rescue Service Recognition (VRSR) Program was prepared by the Rescue Task Force of the Pennsylvania Emergency Health Services Council (PEHSC) under contract with the Pennsylvania Department of Health, Emergency Medical Services Office (EMS Office).

The first phase of this program is the implementation of the vehicle rescue section. The purpose of this program is to recognize those emergency services that can safely and efficiently perform rescue operations. In the future we anticipate adding the following disciplines: *

1. Agriculture Rescue
2. Collapse Rescue
3. Confined Space Rescue
4. Industrial Rescue
5. Rope Rescue
6. Transportation Rescue (Plane, Train and Automobile)
7. Trench/Cave-in Rescue
8. Water and Ice Rescue
9. Wilderness Search and Rescue

It is also the intent of this document that an emergency service may be recognized in any one or a combination of any or all disciplines listed. This document not only takes into account the equipment or hardware requirements, but includes minimum manpower and training requirements.

***At this time the document contains only the vehicle rescue component.**

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DEFINITIONS

AMBULANCE SERVICE - An entity that regularly engages in the business or service of providing emergency medical care and transportation of patients within this Commonwealth. The term includes mobile advanced life support services that may or may not transport patients.

AUTHORITY HAVING JURISDICTION - The organization, office, individual or municipality responsible for approving equipment, an installation or a procedure.

CATEGORIES OF RESCUE

Advanced	Rescue Services that meet, or exceed, the minimum equipment list specified in Appendix A, and who meet or exceed the personnel requirements for Advanced as defined in this document.
Operations	Rescue Services that meet, or exceed, the minimum equipment list specified in Appendix A, and who meet or exceed the personnel requirements for Operations as defined in this document.
First Response	Rescue Services that meet, or exceed the minimum equipment list contained in Appendix A, and who meet or exceed the personnel requirements for First Response as defined in this document.

RECOGNITION - Recognition by the Pennsylvania Department of Health that a rescue service meets all the guidelines of the Voluntary Rescue Service Recognition (VRSR) program. Recognition is for three (3) years.

CLASS A PUMPER - As defined by the National Fire Protection Association Standard 1901. Current edition when pumper was manufactured.

DEPARTMENT - The Department of Health of the Commonwealth of Pennsylvania.

DIRECTOR - The Director of the Emergency Medical Services Office, Pennsylvania Department of Health, or his/her designee.

EMS OFFICE - The Emergency Medical Services Office, Pennsylvania Department of Health.

EMERGENCY MEDICAL SERVICES COUNCIL - A non -profit incorporated entity or appropriate equivalent whose function is to plan, develop, maintain, expand and improve emergency medical services systems within a specific geographical area of this Commonwealth and which is deemed by the Department as being representative of the health profession and major public and voluntary agencies, organizations, and institutions concerned with providing emergency medical services.

EMERGENCY MEDICAL TECHNICIAN (EMT) - An individual who is trained to provide emergency medical services and is certified as such by the Department in accordance with the current national standard curriculum for basic emergency medical technicians as set forth in the rules and regulations promulgated by the Department.

INSPECTION

- A. **SCHEDULED ON-SITE INSPECTION** - A scheduled on-site inspection of an applicant service. The inspection may include, but is not limited to examination of the rescue vehicle, equipment and supplies of the service, as well as pertinent documents; including records, regulations, written policies, personnel rosters and schedules which the service may be asked to supply to the Department.
- B. **UNSCHEDULED ON-SITE INSPECTION** - The Department or its designated representative may conduct an unscheduled inspection of a VRSR certified service to assure compliance with VRSR policies.

PEHSC - The State Advisory Council, which shall be known as the Board of Directors of the Pennsylvania Emergency Health Services Council.

PRINCIPAL OFFICIAL/ADMINISTRATOR - The person responsible for the overall operation of the rescue service (e.g., chief, director, or coordinator).

RERECOGNITION - Renewal of Recognition following reapplication and re-inspection.

RESCUE SERVICE - An entity which regularly engages in the business or service of responding to persons who are entrapped, confined or otherwise not able to move freely, removing or freeing the person from imminent danger in a safe manner, and providing emergency medical care if required.

RESCUE TECHNICIAN - An individual who is certified by the Department, to have successfully completed an approved course of instruction developed and administered by the Department for rescue.

RESCUE VEHICLE - A vehicle which is designed or modified and equipped for rescue operations to release persons from entrapment and which is not routinely used for emergency medical care and transport of patients.

REVOCATION OF RECOGNITION - To remove or invalidate the VRSR Recognition from a service which does not conform to the guidelines of the VRSR program.

SEAL OF RECOGNITION - A decal placed on rescue vehicles recognizing services that meet the requirements of the VRSR program.

SECRETARY – The Secretary of Health, Pennsylvania Department of Health.

SOG (Standard Operating Guidelines) -- Guidelines developed by the rescue service that identify a process for performing certain tasks/functions/operations.

VOLUNTARY RESCUE SERVICE RECOGNITION (VRSR) - A program whereby a rescue service is recognized by the Department as meeting standards of rescue design, equipment, personnel training, staffing, communications, reporting, and operations.

PENNSYLVANIA VOLUNTARY RESCUE SERVICE RECOGNITION PROGRAM

I. RESCUE LEVELS

- A. Each Rescue discipline is based on a tiered rescue response to a specific operation. This response is based on three levels:

1. Advanced Level
2. Operations Level.
3. First Response Level

a. Advanced

Identifies basic tools, equipment (hand and basic power tools), manpower and training requirements that personnel trained to advanced levels can use to undertake basic through complex rescue operations. This equipment may be carried on a heavy rescue squad or other specialized rescue unit.

b. Operations

Identifies basic tools, equipment (hand and basic power tools), manpower and training requirements that personnel trained to the operations levels can use to undertake basic to moderate rescue operations. This equipment may be carried on any first line fire or rescue apparatus.

c. First Response

Identifies basic tools, equipment (mostly hand tools), manpower and training requirements that personnel trained to the awareness level can use to undertake basic technical rescue operations. The equipment may be carried on any first line fire or rescue apparatus.

II. OVERVIEW

- A. The purpose of the VRSR program in Pennsylvania is to provide statewide standards of rescue service equipment, personnel training and staffing, communications, reporting, and operations. The following Voluntary Rescue Service Recognition program will be offered to rescue services that wish to have their service recognized by the Pennsylvania Department of Health.
- B. Voluntary recognition of rescue services involves assessment of factors which relate to the effective provision of rescue and shall include rescue service tool and equipment needs, minimum staffing of rescue vehicles, personnel, training, and certification requirements, communications, vehicle standards, and reporting.

- C. There are three (3) categories of recognition available to recognize varying levels or rescue capability. The first level, First Response, is the minimum requirement for recognition. The higher levels of rescue recognition (Operations and Advanced) will be available to those providers of rescue service who currently meet or exceed the minimum requirements for rescue capabilities as defined in these rules and regulations.
- D. The recognition program will be an ongoing program of the Department of Health. Therefore, rescue services, which currently do not meet the criteria for recognition, will have an opportunity to do so at a later date. The Department reserves the right to modify or discontinue the program.
- E. Recognition by the Department means that a Rescue Service has met the requirements defined in this document and, therefore, deserves the privilege of displaying the "Seal of Recognition" decal. The attainment of the VRSR does not grant additional rights or privilege, such as a primary response area, by the Department.
- F. When a rescue vehicle displays the voluntary recognition decal, it guarantees to the community it serves:
 - 1. That the rescue service met the standards of these guidelines at the time of inspection.
 - 2. That on each emergency rescue call, there are an appropriate minimum number of rescue and medical personnel, who:
 - a. Have rescue tools and equipment to safely perform a rescue.
 - b. Have the essential medical equipment to perform initial emergency medical care. (See Appendix A-1 for medical equipment listing).
 - c. Are able to effectively communicate with appropriate medical and other emergency personnel via telecommunications systems.

III. RECOGNITION PROCEDURE

- A. Each rescue service wishing to apply for recognition shall submit an application on forms provided by the Department to the regional EMS Council in whose jurisdiction the service is located.
 - 1. The application packet will consist of the following items:
 - a. The application and instructions for completion.
 - b. Personnel roster of rescue and medical personnel with certification numbers and expiration dates and level of hazardous material training.
 - c. EVOC roster.
 - d. Scene Control policy

- e. Record Keeping policy.
 - f. Mutual Aid Agreement (rescue)
 - g. Certificate or other proof that the vehicle meets DOT gross vehicle and axle weights.
 - h. Non-discrimination policy.
- 2. The Regional Council shall review the application for completeness and accuracy; incomplete applications shall be returned by the regional EMS council to the applicant for correction
- B. During the inspection of the service for recognition, a representative of the service shall provide the following for review:
 - 1. A copy of the services current Infection Control Plan will be available.
 - 2. The services Standard Operating Guidelines.
 - 3. Written policy regarding staffing profiles (see V. C. 1). Must include hazardous materials training required by authority having jurisdiction.
- C. The field inspection shall be by a representative from the regional council. The regional council shall identify the process to the representative of the rescue service. It is recommended that a certified Basic Vehicle Rescue Instructor or Basic Rescue Practices Instructor (as appropriate), be part of the inspection process. After inspection, the Regional Council will submit to the EMS Office a copy of the completed recognition Checklist(s).
- D. Upon receipt of the completed recognition Checklist(s), the EMS Office will review all of the applicant materials. If the applicant has successfully met all of the requirements, the EMS Office will return to the Regional Council the appropriate certificates and decals for presentation to the qualifying rescue service.
- E. Services that do not qualify will be notified, by the Regional Council, of their deficiencies. Once corrected, the service may arrange with the Regional Council for a second inspection.
 - 1. Deficiencies found during an inspection can be corrected on the spot by the service and marked as so on the inspection form.
 - 2. Those deficiencies that are not immediately corrective will be so noted on the inspection form.
 - 3. There will be no provisional or temporary recognition issued by the Department.
 - 4. The service shall have 45 days to correct deficiencies.

IV. RERECOGNITION PROCEDURES

- A. Recognition shall be effective for three (3) years from the date of issue.
- B. The EMS Office shall notify the VRSR service within ninety (90) days prior to expiration date.
- C. At the time of notification, a request for reinspection/rerecognition will be provided to the VRSR service.
- D. The service shall complete the required form and provide the appropriate documentation as required for initial inspection.
- E. The Regional Council shall coordinate the inspection process in Section II of these guidelines.
- F. Rerecognition shall be valid for three (3) years.

V. CHANGE IN RECOGNITION - UPGRADE OR DOWNGRADE

A service may change the level of rescue recognition upon written request to the appropriate Regional Council. The rescue service shall make application as per these recognition guidelines.

VI. CRITERIA FOR RESCUE SERVICE RECOGNITION

In order for any rescue service to receive the program recognition, the applicant service must comply with the following criteria:

A. Vehicles

- 1. There are no requirements concerning the number or type of vehicles to be used by a single service or department seeking recognition. Furthermore, all equipment necessary for recognition in any category need not be transported on one vehicle only. However, any vehicles carrying any of the necessary equipment for recognition must be simultaneously dispatched at the time of the incident dispatch.
- 2. Vehicles responding as part of the certified service must be equipped with emergency lighting which shall be visible 360⁰ around the vehicle, an audible warning device (siren), safety restraints for riding personnel, and radio equipment as designated under the communications section (D). Lighting must meet the PA vehicle code, Title 75 requirements for emergency vehicle lighting.
- 3. The original and unaltered Gross Vehicle Weight tag/label as provided by the vehicle manufacturer must be affixed to the rescue vehicle at the time of inspection.
- 4. Vehicles must hold valid registration and current inspection stickers for safe operation on the highways of the Commonwealth.

5. The service shall provide a written statement that attests that the vehicle meets DOT gross vehicle and axle weight requirements.
6. Applicant service must notify the EMS Office, through the regional council of jurisdiction, in writing of any vehicle replacement, disposal or addition during the period of recognition. Re-inspections may be required upon notification of such changes.
7. Vehicles shall have a radio for two-way communications, compatible with the local area emergency communication system and shall have the ability to communicate with emergency medical personnel either directly, or through a central dispatching agency.

B. Equipment

1. Each applicant service must be equipped with the minimum equipment listed in the appropriate appendix for the category of recognition they are seeking.
 - a. All equipment must be maintained in serviceable and safe operating conditions.
 - b. All shipping containers (i.e., fuel storage, compressed gas) that are applicable to DOT regulations for container specification and testing shall be in compliance with said DOT regulations.
 - c. Documentation of air quality testing for breathing air shall be on file with the service and shall meet all minimum requirements of current NFPA Standards and shall be presented at time of inspection.
 - d. A record of annual, monthly, weekly and special inspections and service, or as per manufacturer's maintenance and service recommendations of all self-contained breathing apparatus shall be on file and presented at time of inspection.
 - e. A record of all rescue rope used for life support shall be maintained and presented at time of inspection. As a minimum, this record shall denote date of purchase, date put in service, and dates rope was used, specific use of rope and all monthly, annual and special inspections performed.
2. The applicant service must show that personal protective clothing and equipment is provided to each responder. Use of that equipment is identified in the department's Standard Operation Guidelines. A copy of the SOG shall be available at the time of inspection.
3. The rescue service shall provide a written statement that attests that a Class A pumper with a minimum staffing of three (3) personnel available to respond in their community, if necessary (i.e., a high angle rescue most likely would not require a pumper to be present.) If the rescue service itself does not provide this requirement, then they must have a written agreement with another organization to provide this service. Attach a copy of the agreement to the application.

4. The rescue service shall have written mutual aid agreements or established dispatch protocols with other rescue services (not necessarily VRSR services) to service the applicant's community or service area when the applicant is unable.
5. Services certifying as Advanced must have a resource or established dispatch protocols file with written agreements for provision on emergency basis of heavy equipment, and rescue related supplies, such as lumber, sand, etc.
6. Services certifying as Advanced must have available, through an independent service, company, or supplied themselves, an air storage cascade system with fresh breathing air and a method to refill cylinders on scene.

C. Personnel

The applicant service must have a written policy that the following staffing profiles pertinent to their category of recognition will be met.

1. Advanced

- a. Must be able to respond with a minimum of six* (6) crew members. The following certifications must be represented in the quantities specified:

(1) 2 Basic Vehicle Rescue

(2) 2 Basic Rescue Practices

NOTE: For the first three (3) years of the VRSR program, and for purposes of meeting personnel requirements only, individuals with the following training certifications will be deemed as having training equivalent to that of a BRP technician.

- (a) Firefighter 1 or Essentials of Firefighting
- (b) Fire Department Rescue Practices
- (c) Confined Space Rescue
- (d) Rope Rescue 1
- (e) Rope Rescue 2

(3) 2 Dual Certified - Basic Rescue Practices, or equivalent/Minimum First Responder or Emergency Responder certified or higher certification.

(4) All Crew members must be Hazardous Materials Level Certified as required by the authority having jurisdiction. Copies must be available for inspection.

(*Two of the six crew members could meet all of the requirements as listed in numbers 1, 2, and 3 above. All six crew members must be Hazardous Materials Operations Level certified).

2. Operations

- a. Must be able to respond with a minimum of four* (4) crew members with the following certification represented in the quantities specified:
 - (1) 2 Basic Vehicle Rescue
 - (2) 2 Basic Rescue Practices, or the equivalent as noted in section C.1.a.(2).
 - (3) Dual certified - Basic Rescue Practices/Minimum First Responder or Emergency Responder certified or higher certification.
 - (4) All crew members must be Hazardous Materials Level certified as required by the authority having jurisdiction

(*Two of the four crew members could meet all of the requirements as listed in numbers 1, 2, and 3 above. All four crew members must be Hazardous Materials Operations Level certified).

3. First Response

- a. Must be able to respond with a minimum of two* (2) crew members with the following certifications represented in the quantities specified.
 - (1) 2 Basic Vehicle Rescue.
 - (2) 1 Basic Rescue Practices, or the equivalent as noted in section C.1.a.(2)
 - (3) 1 First Responder or Emergency Responder.
 - (4) All crew members must have Hazardous Materials Level as required by the authority having jurisdiction.

(*One of the two crew members could meet all of the requirements as listed in numbers 1, 2, and 3 above. Both crew members must be Hazardous Materials Operations Level certified).

The applicant service must make available to the Regional Council a complete list of active members listing their level of training and the Department certification numbers.

D. Communications

- 1. Each unit of the applicant service must have radio equipment which operates on the public service frequencies assigned by the FCC and enables at least direct two-way communications with a base station, and in counties where available, two-way communications with the county central dispatch center.

2. In the event direct two-way communication between the rescue service units and the ambulance service units is not available and a central base is not available, then each base must have a written SOG for contacting and maintaining communication with one another for the purpose of immediately relaying information between the two services units.
3. Portable radio required for some Categories (as per the equipment lists) must be capable of communicating on the same frequency as the mobile units and the base station.
4. In counties where central dispatch centers are not available at the present time, applicant rescue service must guarantee that they will become linked to a center when one is developed.

E. Reporting

The rescue service must agree to participate in statewide trip reporting to the Department through the use of standardized rescue incident response form provided by the Department.

F. Operations

2. Emergency service must be provided twenty-four hours a day, seven days per week.
3. Emergency service must be provided on a need basis to all persons in the response area of the applicant service. Ability to pay, sexual preference, race, age, sex, ethnic origin, or any other discrimination must not be practiced and must be affirmatively prevented.
4. On all rescue calls involving a person in need of medical care, consultation with the EMT must be maintained.
5. When the rescue service is not enroute to a reported emergency call within 10 minutes of the time of dispatch, the call shall be referred to the closest available rescue service. Once a request for service has been referred to another service, if the referring service is subsequently able to initiate a response which will access the patient more quickly than the service to which the request was referred, the service that arrive on scene most quickly.

VII. RESPONSIBILITIES OF A VRSR SERVICE

- A. A certified rescue service has the responsibility of maintaining the vehicles, equipment, records, and trained personnel described in these guidelines for the period of recognition.
- B. VRSR services that, because of any reason, cannot continue to meet the requirements of the VRSR program must notify the Regional Council or Department within fifteen (15) days of the change of status.

- C. It is the responsibility of the VRSR service to remove all “Seal of Recognition” decals from vehicles that are no longer in service, or become ineligible, by not meeting the stated specifications. Seals must be returned to the regional EMS council of jurisdiction.

VIII. SUSPENSION OR REVOCATION

- A. The Department, upon recommendation from the Regional Council, or upon its own inspection, may revoke the recognition of a service if the service or its chief officers:
 - 1. Willfully or repeatedly violated or allowed violation by members of the service of any of the provisions of the VRSR guidelines to include:
 - a. Willfully or repeatedly acted in a manner inconsistent with the health and safety of patients, public or rescuers.
 - b. Provided falsified information in order to gain recognition, or is guilty of fraud or deceit in the conduct of a rescue service.
 - c. Allowed the removal of equipment from vehicles, or otherwise failed to maintain the standards of the service as they were at the time of inspection and recognition.
 - d. Failed to notify the Department of any changes in the service that might affect its recognition status.
 - e. Willfully or repeatedly violated or allowed violations by members of the service of any of the provision of the Pennsylvania Motor Vehicle Code.
 - f. Failed to provide services to all persons due to inability to pay, sexual preference, race, age, sex, or ethnic origin.
- D. Upon receipt of a written complaint by the Department describing specific violations the VRSR guidelines, the Department or its representative shall follow the EMS Office process for complaint investigation.

APPENDIX A

REQUIRED EQUIPMENT & MEDICAL SUPPLIES LIST

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION	NUMBER REQUIRED		
	Advanced	Operations	First Response
HAND TOOLS			
1. Absorbent, (cat litter NOT acceptable), 25 lbs.	1	1	1
2. Ax, Flat Head, 6 lb. Head Min.	2	1	1
3. Ax, Short Handle, 3 lb. Head	1	0	0
4. Ax, Pick Point, 6 lb. Head Min.	2	1	1
5. Bar, Pry, Combination, Haligan Type, 36"	2	2	1
6. Bar, Pry, Pinch Point Type, 50" Min	1	1	0
7. Bar, Pry, Wrecking-Type, 24"	1	1	1
8. Binoculars, with Case, 10 x 50	1	1	1
9. Blanket, Fire Resistant Type, Aluminized or Kevlar/Nomex	2	2	1
10. Blanket, Wool	4	4	2
11. Block, Double Pulley, 5/8" Rope	2	2	0
12. Broom, Household type	1	1	0
13. Broom, Push-type	2	2	0
14. Chain, 3/8" Alloy Steel, Trade Grade, 6,000 lbs. Min. Strength, 6 ft. Length, with Grab Hooks both ends.	8	4	2
15. Chain, Shorteners, Grab Hooks both ends, rated as #24	2	2	0
16. Chisel, Cold, 1/4" x 6"	1	1	1
17. Chisel, Cold, 1/2" x 6"	1	1	1
18. Chisel, Cold, 3/4" x 10"	1	1	1
19. Chock, Wheel	2	2	2
20. Cover, Salvage, 9' x 12', minimum size.	2	2	1
21. *Cribbing, 2" x 4" x 18"	18	12	12
22. *Cribbing, 4" x 4" x 18"	54	36	36
23. *Cribbing, 4" x 4" x 3'	6	4	2
*Ends of Cribbing Only May be Painted for Quick Identification			
24. Cutter, Bolt, General purpose, 36" minimum	1	1	1
25. Cutter, Wire/Cable, Non-insulated, 24"	1	1	1
26. Flare, Fuse, 30 minute.	48	48	24
27. Hacksaw, Solid Frame Type with 3 spare blades each	3	2	2
28. Hammer, Claw, min. 16 oz	1	1	1
29. Hammer, Drilling, 3lb., Short Handle	2	2	1
30. Hammer, Sledge, 6lb., Long Handle	0	0	1
31. Hammer, Sledge, 8lb., Long Handle	1	1	0
32. Hammer, Rubber/Plastic, 16 oz	1	1	0
33. Jack, High Lift	4	2	2
34. Jack, Hydraulic, Bottle-Type, 4-Ton	0	0	2
35. Jack, Hydraulic, Bottle-Type, 12-Ton	2	2	0
36. Jack, Hydraulic, Bottle-Type, 20-Ton	2	0	0
37. Kit, Assorted Fasteners (Screws, Bolts, Nuts, Nails)	1	1	0

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION	NUMBER REQUIRED		
	Advanced	Operations	First Response
HAND TOOLS			
38. Knife, Utility	2	2	2
39. Lantern, Hand, 6 Volts	6	4	2
40. Lubricant, Spray, WD40-type	2	2	1
41. Pickets, Steel, min. 1" x 36"	12	6	0
42. Pick, Clay (Mattock)	2	1	0
43. Pliers, Needle-Nose, 6"	1	1	1
44. Pliers, Diagonal Cutting	1	1	1
45. Pliers, Lineman's 8"	1	1	1
46. Pliers, Slip Joint, 8"	1	1	1
47. Pliers, Arc-Joint, 10"	1	1	1
48. Pliers, Arc-Joint, 16"	1	1	0
49. Plate, Jack, min. of 12" x 12"	4	2	0
50. Pole, Pike, 8' Min	2	1	0
51. Pouch, Body	2	2	0
52. Punch, Center Manual or Spring Loaded	1	1	1
53. Rescue Kit, Hydraulic, (Porta-Power), 10-Ton Min.	1	1	1
54. Screwdriver, Phillips #2 x 6"	1	1	1
55. Screwdriver, Phillips, #3 x 8"	1	1	1
56. Screwdriver, Slotted, 1/4" x 6"	1	1	1
57. Screwdriver, Slotted, 5/16" x 8"	1	1	1
58. Screwdriver, Slotted, 3/8" x 12"	1	1	1
59. Screwdriver, Slotted, 1/4" Cabinet	1	1	1
60. Shovel, Square, Scoop-Type	2	2	0
61. Shovel, Round Blade, Long Handle	2	2	0
62. Shovel, Folding or short handle 18" - 36"	2	2	2
63. Snips, Metal, Compound Action, 8"	1	1	1
64. Tape, Measuring, Power Return (1)	1	1	0
65. Tool, Entry, Cylinder Lock (K-Tool)	1	1	0
66. Tool, Glass Cutting	2	2	0
67. Warning Device, Traffic Safety, 12" Height (e.g., cones, reflective triangles, etc.)	6	4	4
68. Wedges, Hardwood unpainted, Various Sizes up to 4" x 4"	12	12	8
69. Winch, Hand, 1 1/2 -Ton, Chain, 5' Moving Chain Min.	2	2	1
70. Wrench, Adjustable, 8"	1	1	1
71. Wrench, Adjustable, 10"	1	1	0
72. Wrench, Adjustable, 12"	1	0	0
73. Wrench, Pipe, 24"	2	0	0
74. Wrench, Set, SAE, Combination 3/8" - 1" or equivalent	1	1	0
75. Wrench, Set, Metric, Combination or Equivalent	1	1	0
76. Wrench, Set, 3/8" Drive Socket, SAE	1	1	0
77. Wrench, Set, 3/8" Drive Socket, Metric	1	1	0
78. Wrench, Set, Hex	1	1	0

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION	NUMBER REQUIRED		
	Advanced	Operations	First Response
ROPES & RIGGING			
79. Ascender, or Prusik Loops, 1,000 lb. Min. test strength, must accept Rescue Ropes carried.	6	3	0
80. Carabiner, Locking, Steel or Aluminum, 9,000 lbs. Min., large opening	32	20	0
81. Descender, Rappel Rack or Figure 8, must accept Rescue Ropes carried	4	2	0
82. *Harness, Nylon Chest or equivalent	4	4	0
83. Harness, Nylon, Full Body	3	2	0
84. *Harness, Nylon Seat or equivalent	4	4	0
*Combination Harness Acceptable, Must be Class III with Rappelling Capability			
85. Pulley, Swivel Side, Single, 3" minimum	4	2	0
86. Pulley, Swivel Side, Single, 4" minimum	2	1	0
87. Pulley, Swivel Side, Double, 3" Min.	2	1	0
88. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min. Strength, ½" minimum, 150 ft.	4	4	2
89. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min., Strength, ½" minimum, 300 ft. Length	2	2	0
90. Rope, Nylon, Static, Kernmantle, 4,500 lbs. Min., strength, 3/8" min 150 ft. length.	2	0	0
91. Rope, Floating, Min. 2,000 lb. Tensile Strength, with throw bag for water rescue, 50 ft. min.	2	1	0
92. Sling, Nylon, with Sliding Choker, 4,000 lb. Min. strength	1	0	0
93. Stretcher, Basket-Type or Sked	1	1	1
94. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 15 ft.	20	10	4
95. Webbing, Nylon, Tubular, Spiral Weave, (Military Specs) 4,000 lb. 20 ft.	20	10	4
MONITORS			
96. *Monitor, Carbon Monoxide	1	1	0
97. *Monitor, Combustible Gas	1	1	0
98. *Monitor, Oxygen	1	1	0
*Multi Purpose Meter May Be Utilized			
99. Monitor, Radiological	1	1	0
ELECTRIC			
100. Cord, Electric Extension, 100 ft., 10 gauge, 20-amp, grounded with twist connectors	2	2	1
101. Generator, Electric, Vehicle Mounted, 110V, 7500 Watt min., with spare fuel if approp.	1	0	0
102. Generator, Electric, Vehicle Mounted, 110V, 5000 Watt min., with spare fuel if appropriate	0	1	0

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION	NUMBER REQUIRED		
	Advanced	Operations	First Response
ELECTRIC			
103. Generator, Electric, Vehicle Mounted, 110V, 4000 Watt min., with spare fuel if approp.	0	0	1
104. Junction Box, 4-Outlet, to Accept 3 Wire Twist Lock Connector	1	1	1
105. Kit, Electrical Adapters for Electrical Powered Equipment and tools	1	1	0
106. Light, Portable, 500W with Power Cables	6	4	2
LADDERS			
107. Ladder, Attic Type, 8' min.	1	0	0
108. Ladder, Combination, Step-To-Straight, 8' Minimum	1	1	0
109. Ladder, Extension, 24ft. min.	1	0	0
EXTINGUISHERS			
110. Extinguisher, Fire, ABC, 10lb., 10A-40B	0	0	1
111. Extinguisher, Fire, ABC, 20lb., 10A-40B	2	2	1
112. Extinguisher., Fire, CO2, 20lb.	1	1	0
113. Extinguisher, Fire, Pressure Water, 2A minimum	1	1	1
114. Extinguishing material, Class D	1	0	0
COMMUNICATIONS			
115. Radio, Portable, Compatible with local Communications System	2	2	1
116. System, Public Address, Portable	1	1	0
VENTILATION			
117. Bar, Hanging, Ratchet adjustment type, for Smoke Ejector	1	1	0
118. Duct, Flexible, Extension, 10' min. length for Smoke Ejector or Confined Space Blower	1	1	0
119. Ejector, Smoke, 16" Blade min. with Hooks for Bar (#12), or Confined Space Blower, min. 1500 CFM	1	1	0
POWERED TOOLS			
120. Air Bag, three or more bag system, Pneumatic, High Pressure, with Hoses, Regulator & Controls, 54-Ton Capacity Min.	0	1	0
121. Air Bag, four or more bag system, Pneumatic, High Pressure, with Hoses, Regulator & Controls, 76-Ton Capacity Min.	1	0	0
122. Chisel, Air, Kit, Complete, with Regulator, Hoses, Hammer, 2-sheet Metal bits, 2-Steel bits, Schraeder-Type Quick Connect Couplings on Hoses, Spring Ball Bearing Coupler on Hammer, rated for 150 PSI min Operating Pressure	2	2	1

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION	NUMBER REQUIRED		
	Advanced	Operations	First Response
POWERED TOOLS			
123. Rams, Hydraulic, for Rescue Tool, 30", 40", & 60" (1 each)	1 set	1 set	0
124. Rescue Tool, Hydraulic, Powered, Electric or Gasoline, with Spreaders and Cutters, if non-electric include spare fuel	1	1	0
125. Saw, Chain, 16" Bar Gasoline or Electric, with spare chain, if non-electric include spare fuel	2	1	1
126. Saw, Disk Type, Rescue, with spare carbide tip, masonry and metal cutting blades	1	1	0
127. Saw, Reciprocating, with assorted spare blades	2	1	0
128. Winch, Powered, Vehicle Mounted, 8,000 lb. Minimum	1	1	0
MEDICAL SUPPLIES			
129. Kit, Medical, Kit to Include;	1	1	1
a. Penlight	1	1	1
b. Blood pressure cuffs	1 ea. S M L	1 ea. S M L	1ea. S m lg.
c. Stethoscope	1	1	1
d. Suction catheters, flex.,	2	2	2
e. Portable Suction Unit	1	1	1
f. Pocket mask, 1 way valve	1	1	1
g. Oxygen Delivery Devices	5	5	5
h. Oral Airways	5 diff Sizes	5 diff. Sizes	5 diff. Sizes
i. Bag Valve Mask, Adult	1	1	1
j. Bag Valve Mask, Ped.	1	1	1
k. Adhesive Tape	2	2	2
l. Bandage Shears	1	1	1
m. Occlusive Dressings, 3" x 3"	4	4	4
n. Roller gauze	6 rolls	6 rolls	6 rolls
o. Sterile Burn Sheets, 4' x 4'	2	2	2
p. Sterile Gauze Pads, 3 x 3	12	12	12
q. Sterile Universal Dressings, 10" x 30"	2	2	2
r. Triangular Bandages	8	8	8
s. Semi-rigid Cervical Collars	4	4	4
t. Cold Pac, Chemical	4	4	4
u. Triage Tags	15	15	15
v. Splinting Materials	Various	Various	Various
w. Disposable Gloves, Asst.	1 pair per person	1 pair per person	1 pair per person
130. Board, Spine, Long, with Accessories to Fit Basket Stretcher	2	2	1
131. Board, Spine, Short, or Equivalent, e.g. Ked, with Accessories	2	2	1

RESCUE SERVICE RECOGNITION MINIMUM TOOL & EQUIPMENT LIST

ITEM DESCRIPTION		NUMBER REQUIRED		
MEDICAL SUPPLIES				
132.	Oxygen Cylinder, Min. "D" size with Regulator Capable of Demand Valve Operation and Free Flow Operation, with Demand Valve and Standard Face Mask	2	1	1
PERSONAL PROTECTIVE GEAR				
1.	Helmet with liner	1 per crew member	1 per crew member	1 per crew member
2.	Coat	1 per crew member	1 per crew member	1 per crew member
3.	Pants	1 per crew member	1 per crew member	1 per crew member
4.	Boots	1 per crew member	1 per crew member	1 per crew member
5.	Eye Protection	1 per crew member	1 per crew member	1 per crew member
6.	Leather Gloves	1 per crew member	1 per crew member	1 per crew member
7.	Apparatus, Breathing, Self-Contained, Positive Pressure, 30 Minute, must meet or exceed NFPA 1981 standards, with PASS alarm DEVICE.	4	4	2
8.	Cylinder, Air, spare	one spare for each SCBA or in lieu - a quick fill capability		
INFECTION CONTROL SUPPLIES		1 PER CREW MEMBER		
1.	Clear eye protection	1	1	1
2.	Face Mask	1	1	1
3.	Gown / Coat	1	1	1
4.	Surgical Caps / Shoe Covers	1	1	1
5.	Double Barrier Gloves	1	1	1
6.	Biological Waste Container	1 box or 3 bags	1 box or 3 bags	1 box or 3 bags

APPENDIX B

APPLICATION & INSTRUCTIONS



FOR PENNSYLVANIA DEPARTMENT OF HEALTH USE ONLY

Date Received: _____

Affiliate Number: _____

Regional Council: _____

APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. SERVICE IDENTIFICATION:

BUSINESS/CORPORATE NAME OF RESCUE SERVICE

IDENTIFYING NAME OF RESCUE SERVICE

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS *(must be supplied)*:

(STREET, RD, ROUTE, ETC.)

CITY

STATE

ZIP CODE + 4

MAILING ADDRESS OF RESCUE SERVICE: *(must be supplied)*

(STREET, P.O BOX, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

DAYLIGHT CONTACT PERSON: _____

BUSINESS TELEPHONE: (_____) _____

Physical address locations of any substations, other than headquarters, where vehicles are stationed full-time (if applicable):

a. _____
(STREET, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

b. _____
(STREET, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

Principal Official: *(Administrative)*

(PLEASE PRINT)

TITLE

TELEPHONE

2. SERVICE CLASSIFICATION: (check all that apply)

Type of Organization

INDUSTRY
NON-PROFIT
FOR PROFIT
CAREER
VOLUNTEER

FIRE SERVICE
EMS
POLICE
GOVERNMENT
OTHER _____

ARE YOU QRS AFFILIATED AND/OR RECOGNIZED? ☐ YES ☐ NO

3. TYPE AND LEVEL OF SERVICE:

- ☐ FIRST RESPONDER
☐ OPERATIONS
☐ ADVANCED

CURRENTLY SERVED

Primary Service Areas by Minor Civil Division (MCD)

(list areas by name and MCD Code Number)

- | | |
|----------|----------|
| a. _____ | f. _____ |
| b. _____ | g. _____ |
| c. _____ | h. _____ |
| d. _____ | i. _____ |
| e. _____ | j. _____ |

List services that could be dispatched to emergency calls within your primary response area when you are unavailable.

- | | |
|-----------------------|------------|
| a. Service Name _____ | Town _____ |
| b. Service Name _____ | Town _____ |
| c. Service Name _____ | Town _____ |

Type and number of personnel

#____Basic Rescue Practices	#____Emergency Responder	#____First Responder
#____Basic Vehicle Rescue	#____Emergency Med. Tech.	#____EMT-Paramedic
#____Special Vehicle	#____PHRN	

4. Public Access To Emergency Rescue Service:

a. Method Used by General Public In Your Area To Request A Rescue Service:

- ☐ 9-1-1 Number
☐ Local 7-digit Number

b. Method of Dispatch For Emergency Calls

- ☐ Providers Headquarters
- ☐ County 9-1-1 Center
- ☐ Municipal 9-1-1 Center
- ☐ Police Department
- ☐ Other (explain)

Communications Capability:

- | | |
|--|--|
| <input type="checkbox"/> Dispatch center to Rescue-direct- 2 Way Communication on Public Safety Band Radio | |
| <input type="checkbox"/> HEARS | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <input type="checkbox"/> MED Radio | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <input type="checkbox"/> VHF | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <input type="checkbox"/> Ambulance Radio Communication | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <input type="checkbox"/> Cellular telephone capability (backup only) | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <input type="checkbox"/> Other: _____ | |

5. RECORD KEEPING/DOCUMENTATION

Written documentation/policies addressing:

COPIES MUST BE ATTACHED TO APPLICATION

Non-Discrimination Clause	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EVOC Roster	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Personnel Roster	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Scene Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Record Keeping	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mutual Aid, (rescue service)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COPIES MUST BE AVAILABLE FOR INSPECTION

Infectious Control Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vehicle Meets DOT Gross		
Vehicle and Axle Weight	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Standard Operating		
Guidelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. VERIFICATION OF INFORMATION:

I, _____ have reviewed this application and all of the information
(Name of Principal Official)
contained herein, or submitted separately in support of the application, and verify that the information is accurate and complete.

Signature of Principal Official

Date

Street Address

City State Zip Code +4

NOTE: 18 Pa. C.S. Section 4904 provides that it shall be a crime to make written, false statement, or to submit any document which is false, to a public servant and, upon conviction, shall be punishable by imprisonment, the maximum of which is not more than two (2) years, and a fine not to exceed \$5,000.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. SERVICE IDENTIFICATION

BUSINESS/CORPORATE NUMER OF RESCUE SERVICE-- the correct name of the legal entity operating the rescue service.

IDENTIFYING NAME OF RESCUE SERVICE -- any name which may be used as the advertised name or to identify the vehicles operated by the entity.

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS -- the physical location of the services headquarters. The home address of the principal official should not be listed here.

MAILING ADDRESS OF THE RESCUE SERVICE -- the complete mailing address of the service as listed by the United States Postal Service (Street, RD, Route, PO Box etc.).

BUSINESS TELEPHONE -- the telephone number of the service.

LOCATION OF ANY SUBSTATIONS -- the locations of any substations which the service operates, other than its headquarters, and station's vehicles on a full-time basis.

PRINCIPAL OFFICIAL -- the name of the highest ranking administrative officer of the rescue service (please PRINT).

TITLE --the official title of the principal official.

TELEPHONE -- the telephone number where the principal official may be contacted during normal business hours.

2. SERVICE CLASSIFICATION

TYPE OF ORGANIZATION – Check the type which describes the organization the majority of the time. Also check the type of affiliation that the service has with any of the identified types. (*Check one box only for each.*)

3. TYPE AND LEVEL OF SERVICE

INDICATE THE TYPE AND LEVEL OF SERVICE – for which you are applying.

PRIMARY SERVICE AREAS BY MINOR CIVIL DIVISION (MCD) -- list the five digit MCD number and the name of the political subdivision for each MCD in which the service has requested to be dispatched by a communications center as a primary (first due) rescue service. If more than ten MCDs are serviced, attach an addendum listing them. MCD codes are commonly referred to as Geographical Site Codes.

LIST MUTUAL-AID SERVICES THAT PROVIDE PRIMARY RESCUE SERVICE WHEN YOU ARE UNAVAILABLE -- list all rescue services with which you have a mutual-aid agreement to cover your primary response service areas when your service is unavailable. (These services must be the closest and must be able to reach your primary response area within the recommended time frames.)

TYPE AND NUMBER OF PERSONNEL -- indicate the number of personnel which fall into each category.

4. PUBLIC ACCESS AND DISPATCH OF EMERGENCY AMBULANCE SERVICE

(a) indicate the method used by the general public to request emergency ambulance service. (b) check the box which indicates where the call is accessed and from where the service is dispatched.

COMMUNICATIONS CAPABILITY -- check each box which represents the communication capabilities of the service's vehicles when responding to a request for assistance and when transporting a patient. NOTE: Medical command capability indicates the service's ability to contact and converse directly with a medical command physician on a regular basis.

5. RECORD KEEPING/DOCUMENTATION

WRITTEN DOCUMENTATION/POLICIES ADDRESS -- the service should indicate in the right column whether or not the service has written documents addressing each listed policy on the left. The purpose of this is to assure the inspector that the policies have been addressed in writing and can be produced for inspection. **Copies must be attached to the application where asked for.**

6. VERIFICATION OF INFORMATION

NAME (printed) -- place the full name of the principal official whose signature appears below.

SIGNATURE OF PRINCIPAL OFFICIAL -- the individual whose name appears above must sign the application.

STREET ADDRESS -- place the address in which specifically the principal official may be contacted. This may be a business or home address. Please indicate a "B" for business and a "H" for home.

CITY/STATE/ZIP CODE -- self explanatory.

DATE -- indicate the date the application is intended to be submitted to the regional council.

APPENDIX C

RESCUE SERVICE PERSONNEL ROSTER & INSTRUCTIONS

RESCUE SERVICE PERSONNEL ROSTER									
---------------------------------	--	--	--	--	--	--	--	--	--

Please Type or Print

NAME _____ Affiliate #: _____

(Street Address)	(City)	(State)	(Zip)
------------------	--------	---------	-------

(Street Address)	(City)	(State)	(Zip)
------------------	--------	---------	-------

(Street Address)	(City)	(State)	(Zip)
------------------	--------	---------	-------

(Street Address)	(City)	(State)	(Zip)
------------------	--------	---------	-------

[illegible]

INSTRUCTIONS FOR RESCUE SERVICE PERSONNEL ROSTER

The attached rescue service personnel roster must be completed by an authorized representative of any rescue service applying for initial recognition or rerecognition in the Commonwealth of Pennsylvania. This roster must be provided at the time that application is made to the Department of Health or its representative.

The following abbreviations should be used in completing the roster to identify the level of EMS training and certifications that personnel possess whom belong to the service completing the personnel roster.

EMS LEVEL OF CERTIFICATION ABBREVIATION

1. No Pennsylvania Department of Health Emergency Medical Services training	NONE
2. Pennsylvania Approved EVOC course.	DRIVER
3. Cardiopulmonary Resuscitation Only.	CPR *
4. American Red Cross – Emergency Responder	ARCER *
5. Attendant (ARCER & CPR Only).	AA
6. First Responder.	FR
7. Emergency Medical Technician.	EMT *
8. Emergency Medical Technician-Paramedic.	EMT-P
9. Registered Nurse (no Department of Health EMS training or certification)	RN
10. Pennsylvania M.D. or D.O. (With No Department of Health EMS training)	PHYS
11. Health Professional (use with R.N. or Physician).	PHRN or HP

Add an asterisk (*) if Instructor.

RESCUE CERTIFICATION LEVEL

ABBREVIATION

1. Basic Vehicle Rescue	BVR	*
2. Basic Rescue Practices	BRP	*
3. Special Vehicle Rescue	SVR	*
4. Agricultural Rescue	AG	*
5. FARMEDIC	FM	*

Add an asterisk (*) if Instructor

HAZARDOUS MATERIALS CERTIFICATION LEVEL

ABBREVIATION

1. Awareness	AW
2. Operations Level	OP
3. Technician	Tech.

APPENDIX D

RESCUE VEHICLE INSPECTION CHECKLISTS

- **ADVANCED**
- **OPERATIONS**
- **FIRST RESPONSE**

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

Rescue Vehicle Inspection Checklist

ADVANCED

I. GENERAL INFORMATION:

Name of Rescue Service _____ Telephone Number (____) _____

Address _____
(PHYSICAL STATION LOCATION) (CITY) (STATE) (ZIP)

License Plate Number _____ Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____ Mileage _____

Date Inspected _____ Affiliate Number _____ Regional EMS Council _____

II. DOCUMENTS:

DOCUMENTS	Present	Deficient	Corrected at Re-inspection
1. Nondiscrimination Agreement			
2. Personnel Roster			
3. Mutual Aid Agreements			
4. Equip. Maintenance Records			
5. Trip Forms Completed			
6. Gas Meter (Proof of Calibration)			
7. Standard Operating Guidelines			
8. Rescue Rope Records			

III. VEHICLE EQUIPMENT:

EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
1. Audible Warning Signal			
2. Current Inspection			
3. Gross Vehicle Weight tag/label			
4. Emergency Lights			
5. Radio Equipment			
6. DOT Haz-Mat Book (2)			
7. Personnel safety restraints			
8. Weight Certificate			

IV. RESCUE SUPPLIES & EQUIPMENT

SUPPLIES AND EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
HAND TOOLS			
1. Absorbent, 25 lbs., (1)			
2. Ax, Shrt Hndl, 3 lb Head (1)			
3. Ax, Flat, 6 lb. Head Min.(2)			
4. Ax, Pick, 6lb.Head Min.(2)			
5. Bar, Pry, Combination, Haligan-Type, 36" (2)			

6. Bar, Pry, Pinch Point Type, 50" Min (1)			
7. Bar, Pry, Wrecking-Type, 24"(1)			
8. Binoculars, with Case, 10 x 50 (1)			
9. Blanket, Aluminized, Heavy Duty (2)			
10. Blanket, Wool (4)			
11. Block, Double Pulley, 5/8" Rope (2)			
12. Broom, Push-type (2)			
13. Broom, Household type (1)			
14. Chain, 3/8" Alloy Steel, 6,000 lbs. Min. Strength, 6-ft. w/ Grab Hooks (8).			
15. Chain, Shorteners, Grab Hooks, rated as #23 (2)			
16. Chisel, Cold, 1/4" x 6" (1)			
17. Chisel, Cold, 1/2" x 6" (1)			
18. Chisel, Cold, 3/4" x 10" (1)			
19. Chock, Wheel (2)			
20. Cover, Salvage 9 x 12 (2)			
21. Cribbing 2" x 4" x 18" (18)			
22. Cribbing 4" x 4" x 18" (54)			
23. Cribbing 4" x 4" x 3' (6)			
24. Cutter Bolt, 36" min (1)			
25. Cutter Wire, 24" (1)			
26. Flare, Fuse, 30 min. (48)			
27. Hacksaw, Solid Frame w/3 spare blades ea (3)			
28. Hammer, Claw, 16 oz (1)			
29. Hammer, Drilling, 3lb., Short Handle (2)			
30. Hammer, Sledge, 8lb., Long Handle (1)			
31. Hammer, Rubber, 16 oz (1)			
32. Jack, High Lift (4)			
33. Jack, Hydraulic, 12-Ton (2)			
34. Jack, Hydraulic, 20-Ton (2)			
35. Kit, Assorted Fasteners (1)			
36. Knife, Utility (2)			
37. Lantern, Hand, 6 Volts (6)			
38. Lubricant, Spray, (2)			
39. Pickets, Steel, 1" x 36" (12)			
40. Pick, Clay (2)			
41. Pliers, Needle-Nose, 6" (1)			
42. Pliers, Diagonal Cutting 8" (1)			
43. Pliers, Lineman's 8" (1)			
44. Pliers, Slip Joint, 8" (1)			
45. Pliers, Arc-Joint, 10" (1)			
46. Pliers, Arc -Joint, 16" (1)			
47. Plate, Jack, 12" x 12" (4)			

48. Pole, Pike, 8' Min (2)			
49. Pouch, Body (2)			
50. Punch, Manual/Spring Loaded (1)			
51. Rescue Tool, Hydraulic, (Porta-Power), 10-Ton Min. (1)			
52. Screwdriver, Phillips #2 x 6" (1)			
53. Screwdriver, Phillips, #3 x 8" (1)			
54. Screwdriver, Slotted, ¼" x 6" (1)			
55. Screwdriver, Slotted, 5/16" x 8" (1)			
56. Screwdriver, Slotted, 3/8" x 12" (1)			
57. Screwdriver, Slotted, ¼" Cabinet (1)			
58. Shovel, Square, Scoop (2)			
59. Shovel, Round Blade, Long Handle (2)			
60. Shovel, Folding or short handle 18" - 36" (2)			
61. Snips, Metal, Compound Action, 8" (1)			
62. Tape, Measuring, Power Return (1)			
63. Tool, Entry, Cylinder Lock (K-Tool) (1)			
64. Tool, Glass Cutter (2)			
65. Warning Device, Traffic, 12" Height (6)			
66. Wedges, Hardwood, unpainted various sizes up to 4"x4" (12)			
67. Winch, Hand, 1½ -Ton, Chain, 5' Moving Chain Min.(2)			
68. Wrench, Adjustable, 8" (1)			
69. Wrench, Adjustable, 10" (1)			
70. Wrench, Adjustable, 12" (1)			
71. Wrench, Pipe, 24" (2)			
72. Wrench, Set, SAE, Combo 3/8" – 1" or equivalent (1)			
73. Wrench, Set, Metric, Combo or equivalent (1)			
74. Wrench, Set, 3/8" Drive Socket, SAE (1)			
75. Wrench, Set, 3/8" Drive Socket, Metric (1)			
76. Wrench, Set, Hex (1)			
ROPES & RIGGING			
77. Ascender, accept Ropes carried (6)			
78. Bridle, 4-Point Attach., 4,000 lbs. Minimum strength (1)			
79. Carabiner, locking, Steel or Aluminum, 9,000 lbs., large opening, (20)			
80. Descender, accept Rescue Ropes carried (4)			
81. Harness, Nylon Chest (4)			
82. Harness, Nylon, Full Body (3)			
83. Harness, Nylon Seat (4)			
84. Pulley, Swivel/Single, 3" Min.(4)			
85. Pulley, Swivel/Single, 4" (2)			
86. Pulley, Swivel/Double, 3" (2)			
87. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min. Strength, ½" min, 150 ft. (4)			

88. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min., Strength, ½" min, 300 ft. (2)			
89. Rope, Nylon, Static, Kernmantle, 4,500 lbs. Min., Strength, 3/8" Min, 150 ft. (2)			
90. Rope, Floating, Min. 2,000 lb. Strength, w/Throw Bag for Water Rescue, 50 ft. Min. (2)			
91. Sling, Nylon, w/Sliding Choker, 4,000 lb. Min strength (1)			
92. Stretcher, Basket, or Sked (1)			
93. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 15 ft.(20)			
94. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 20 ft (20)			
MONITORS			
95. *Monitor, Carbon Monox. (1)			
96. *Monitor, Combust. Gas (1)			
97. *Monitor, Oxygen (1)			
98. Monitor, Radiological (1)			
ELECTRIC			
99. Cord, Electric Extension, 100 ft., 10 gauge, 20-amp (2)			
100. Generator, Elec, Vehicle Mtd, 110V, 7,500 Watt Min. w/spare fuel if approp. (1)			
101. Junction Box, 4-Outlet, (1)			
102. Kit, Electrical Adapters (1)			
103. Kit, Assorted Fasteners (1)			
104. Light, Port, 500W, w/Cables (6)			
EXTINGUISHERS			
105. Extinguisher, Fire, ABC, 20lb., 10A-40B (2)			
106. Extinguisher, Fire, CO2, 20lb., (1)			
107. Extinguisher, Fire, Pressure Water, 2 ½ Gal. (1)			
108. Extinguishing Material, Class "D" (1)			
LADDERS			
109. Ladder, Attic Type, 8' Min (1)			
110. Ladder, Combo, Step-To-Straight, 8' Min (1)			
111. Ladder, Ext, 24ft. Min.(1)			
COMMUNICATIONS			
112. Radio, Port., Compatible w/ Comm. System (2)			
113. System, Public Address, Portable (1)			
VENTILATION			
114. Bar, Hanging, Ratchet, Smoke Ejector (1)			
115. Duct, Flex, Ext., 10' min. (1)			
116. Ejector, Smoke, 16" Blade min. w/Hooks for Bar (#10), or Rescue "Blower" (1)			

SUPPLIES AND EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
POWERED TOOLS			
117. Air Bag, 4 bag System, 76 Ton Minimum (1)			
118. Chisel, Air Kit, w/ Regulator, Hoses, etc, rated 150 Psi Min. (2)			
119. Rescue Tool, Hydraulic Rams 30", 40", 60" tool, 1 each, (1 set)			
120. Rescue Tool, w/Spreaders & Cutters, (1)			
121. Saw, Chain, 16" Bar, w/spare chain & spare fuel (2)			
122. Saw, Disk Type, Rescue, w/spare Tips/blades (1)			
123. Saw, Reciprocating, w/asst spare blades (2)			
124. Winch, Powered, Vehicle Mounted, 8,000 lb., Min. (1)			
MEDICAL SUPPLIES			
125. Kit, Medical, (1), to contain;			
a. Penlight (1)			
b. Blood pressure cuffs, s. m. lg.			
c. Stethoscope (1)			
d. Suction catheters, flex., (2)			
e. Portable Suction Unit (1)			
f. Pocket mask with 1 way vlv. (1)			
g. Oxygen Delivery Devices (5)			
h. Oral Airways (5)			
i. Bag Valve Mask, Adult, (1)			
j. Bag Valve Mask, Ped., (1)			
k. Adhesive Tape, (2)			
l. Bandage Shears, (1)			
m. Occlusive Dressings, (4)			
n. Roller gauze, (6)			
o. Sterile Burn Sheets (4' x 4'), (2)			
p. Sterile Gauze Pads, (3 x 3), (12)			
q. Sterile Universal Dressings, (10" x 30"), (2)			
r. Triangular Bandages, (8)			
s. Semi-rigid Cervical Collars (4)			
t. Cold Pac, Chemical, (4)			
u. Triage Tags (15)			
v. Splinting Materials			
w. Disposable Gloves, Asst.			
126. Long Spine Board, w/Acc for Basket Stretcher (2)			
127. Short Spine Board w/Acc (2).			
128. Oxygen Cylinder, Min D Cyl Size w/Regulator Capable of Demand Valve Operation and Free Flow Operation, with Demand Valve and Standard Face Mask (2)			

PERSONAL PROTECTIVE GEAR	Present	Deficient	Corrected at Re-inspection
1. Helmet w/liner (1 per responding crew member)			
2. Coat (1 per responding crew member)			
3. Pants (1 per responding crew member)			
4. Boots (1 per responding crew member)			
5. Eye Protection (1 per responding crew member)			
6. Leather Gloves (1 per responding crew member)			
7. SCBA, PP, 30 Minute (4), with PASS device			
8. SCBA, PP, 60 Minute (2), with PASS device			
9. Cylinder, Air, spare ea. SCBA (1)			
10. Device, Floatation, Type I, or III, USCG approved (6)			
INFECTION CONTROL (1 per responding crew member)			
1. Clear eye protection			
2. Face Mask			
3. Gown / coat			
4. Surgical caps / foot covers			
5. Double Barrier Gloves			
6. Biological waste container			

Inspected By: _____
(print name)

Signature: _____

Date
Forwarded
To EMS Office: _____

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

**Rescue Vehicle Inspection Checklist
OPERATIONS**

I. GENERAL INFORMATION:

Name of Rescue Service _____ Telephone Number (____) _____

Address _____
(PHYSICAL STATION LOCATION) (CITY) (STATE) (ZIP)

License Plate Number _____ Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____ Mileage _____

Date Inspected _____ Affiliate Number _____ Regional EMS Council _____

II. DOCUMENTS:

DOCUMENTS	Present	Deficient	Corrected at Re-inspection
1. Nondiscrimination Agreement			
2. Personnel Roster			
3. Mutual Aid Agreements			
4. Equip. Maintenance Records			
5. Trip Forms Completed			
6. Gas Meter (Proof of Calibration)			
7. Standard Operating Guidelines			
8. Rescue Rope Records			

III. VEHICLE EQUIPMENT:

EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
1. Audible Warning Signal			
2. Current Inspection			
3. Gross Vehicle Weight tag/label			
4. Emergency Lights			
5. Radio Equipment			
6. DOT Haz-Mat Book (1)			
7. Personnel safety restraints			
8. Weight Certificate			

IV. RESCUE SUPPLIES & EQUIPMENT

SUPPLIES AND EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
HAND TOOLS			
1. Absorbent, 25 lbs., (1)			
2. Ax, Flat, 6 lb. Head Min.(1)			
3. Ax, Pick, 6lb.Head Min.(1)			
4. Bar, Pry, Combination, Haligan-Type, 36" (2)			

5. Bar, Pry, Pinch Point Type, 50" Min (1)			
6. Bar, Pry, Wrecking-Type, 24"(1)			
7. Binoculars, with Case, 10 x 50 (1)			
8. Blanket, Aluminized, Heavy Duty (2)			
9. Blanket, Wool (4)			
10. Block, Double Pulley, 5/8" Rope (2)			
11. Broom, Push-type (2)			
12. Broom, Household type (1)			
13. Chain, 3/8" Alloy Steel, 6,000 lbs. Min. Strength, 6-ft. w/ Grab Hooks (4).			
14. Chain, Shorteners, Grab Hooks, rated as #23 (2)			
15. Chisel, Cold, 1/4" x 6" (1)			
16. Chisel, Cold, 1/2" x 6" (1)			
17. Chisel, Cold, 3/4" x 10" (1)			
18. Chock, Wheel (2)			
19. Cover, Salvage 9 x 12 (2)			
20. Cribbing 2" x 4" x 18" (12)			
21. Cribbing 4" x 4" x 18" (36)			
22. Cribbing 4" x 4" x 3' (4)			
23. Cutter Bolt, 36" min (1)			
24. Cutter Wire, 24" (1)			
25. Flare, Fusee, 30 min. (48)			
26. Hacksaw, Solid Frame w/3 spare blades ea (2)			
27. Hammer, Claw, 16 oz min (1)			
28. Hammer, Drilling, 3lb., Short Handle (2)			
29. Hammer, Sledge, 8lb., Long Handle (1)			
30. Hammer, Rubber, 16 oz (1)			
31. Jack, High Lift (2)			
32. Jack, Hydraulic, 12-Ton (2)			
33. Kit, Assorted Fasteners (1)			
34. Knife, Utility (2)			
35. Lantern, Hand, 6 Volts (4)			
36. Lubricant, Spray, (2)			
37. Pickets, Steel, 1" x 36" (6)			
38. Pick, Clay, (Mattock) (1)			
39. Pliers, Needle-Nose, 6" (1)			
40. Pliers, Diagonal Cutting 8" (1)			
41. Pliers, Lineman's 8" (1)			
42. Pliers, Slip Joint, 8" (1)			
43. Pliers, Arc-Joint, 10" (1)			
44. Pliers, Arc -Joint, 16" (1)			
45. Plate, Jack, 12" x 12" (2)			
46. Pole, Pike, 8' Min (1)			

47. Pouch, Body (2)			
48. Punch, Manual / Spring (1)			
49. Rescue Tool, Hydraulic, (Porta-Power) 10 Ton Min (1)			
50. Screwdriver, Phillips #2 x 6" (1)			
51. Screwdriver, Phillips, #3 x 8" (1)			
52. Screwdriver, Slotted, ¼" x 6" (1)			
53. Screwdriver, Slotted, 5/16" x 8" (1)			
54. Screwdriver, Slotted, 3/8" x 12" (1)			
55. Screwdriver, Slotted, ¼" Cabinet (1)			
56. Shovel, Square, Scoop (2)			
57. Shovel, Round Blade, Long Handle (2)			
58. Shovel, Folding or short handle 18" - 36" (2)			
59. Snips, Metal, Compound Action, 8" (1)			
60. Tape, Measuring, Power Return (1)			
61. Tool, Entry, Cylinder Lock (K-Tool) (1)			
62. Tool, Glass Cutter (2)			
63. Warning Device, Traffic, 12" Height (4)			
64. Wedges, Hardwood, unpainted various sizes up to 4"x4" (12)			
65. Winch, Hand, 1½ -Ton, Chain, 5' Moving Chain Min.(2)			
66. Wrench, Adjustable, 8" (1)			
67. Wrench, Adjustable, 10" (1)			
68. Wrench, Set, SAE, Combo 3/8" – 1" or equivalent (1)			
69. Wrench, Set, Metric, Combo or equivalent (1)			
70. Wrench, Set, 3/8" Drive Socket, SAE (1)			
71. Wrench, Set, 3/8" Drive Socket, Metric (1)			
72. Wrench, Set, Hex (1)			
ROPES & RIGGING			
73. Ascender, accept Ropes carried (3)			
74. Bridle, 4-Point Attach., 4,000 lbs. Minimum strength (1)			
75. Carabiner, locking, Steel or Aluminum, 9,000 lbs., large opening, (20)			
76. Descender, accept Rescue Ropes carried (2)			
77. Harness, Nylon Chest (4)			
78. Harness, Nylon, Full Body (2)			
79. Harness, Nylon Seat (4)			
80. Pulley, Swivel/Single, 3" Min.(2)			
81. Pulley, Swivel/Single, 4" (1)			
82. Pulley, Swivel/Double, 3" (1)			
83. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min. Strength, ½" min, 150 ft. (4)			
84. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min., Strength, ½" min, 300 ft. (2)			
85. Rope, Floating, Min. 2,000 lb. Strength, w/Throw Bag for Water Rescue, 50 ft. Min. (1)			
86. Stretcher, Basket, or Sked (1)			
87. Webbing, Nylon, Tubular,			

Spiral Weave (Military Specs) 4,000 lb. 15 ft.(10)			
88. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 20 ft (10)			
MONITORS			
89. *Monitor, Carbon Monox. (1)			
90. *Monitor, Combust. Gas (1)			
91. *Monitor, Oxygen (1)			
92. Monitor, Radiological (1)			
ELECTRIC			
93. Cord, Electric Extension, 100 ft., 10 gauge, 20-amp (1)			
94. Generator, Elec, Vehicle Mtd, 110V, 5,000 Watt Min. w/spare fuel if approp. (1)			
95. Junction Box, 4-Outlet, (1)			
96. Kit, Electrical Adapters (1)			
97. Light, Port, 500W, w/Cables (4)			
EXTINGUISHERS			
129. Extinguisher, Fire, ABC, 20lb., 10A-40B (2)			
130. Extinguisher, Fire, CO2, 20lb., (1)			
131. Extinguisher, Fire, Pressure Water, 2 ½ Gal. (1)			
LADDERS			
132. Ladder, Combo, Step-To-Straight, 8' Min (1)			
COMMUNICATIONS			
133. Radio, Port., Compatible w/ Comm. System (2)			
134. System, Public Address, Portable (1)			
VENTILATION			
135. Bar, Hanging, Ratchet, Smoke Ejector (1)			
136. Duct, Flex, Ext., 10' min. (1)			
137. Ejector, Smoke, 16" Blade min. w/Hooks for Bar (#10), or Rescue "Blower" (1)			
POWERED TOOLS			
138. Air Bag, 4 bag System, 54 Ton Minimum (1)			
139. Chisel, Air Kit, w/ Regulator, Hoses, etc, rated 150 Psi Min. (2)			
140. Rescue Tool, Hydraulic Rams 30", 40", 60" tool, 1 each, (1 set)			
141. Rescue Tool, w/Spreaders & Cutters, (1)			
142. Saw, Chain, 16" Bar, w/spare chain & spare fuel (1)			
143. Saw, Disk Type, Rescue, w/spare Tips/blades (1)			
144. Saw, Reciprocating, w/asst spare blades (2)			
145. Winch, Powered, Vehicle Mounted, 8,000 lb., Min. (1)			

SUPPLIES AND EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
MEDICAL SUPPLIES			
146. Kit, Medical, (1), to contain;			
a. Penlight (1)			
b. Blood pressure cuffs, s. m. lg.			
c. Stethoscope (1)			
d. Suction catheters, flex., (2)			
e. Portable Suction Unit (1)			
f. Pocket mask with 1 way vlv. (1)			
g. Oxygen Delivery Devices (5)			
h. Oral Airways (5)			
i. Bag Valve Mask, Adult, (1)			
j. Bag Valve Mask, Ped., (1)			
k. Adhesive Tape, (2)			
l. Bandage Shears, (1)			
m. Occlusive Dressings, (4)			
n. Roller gauze, (6)			
o. Sterile Burn Sheets (4' x 4'), (2)			
p. Sterile Gauze Pads, (3 x 3), (12)			
q. Sterile Universal Dressings, (10" x 30"), (2)			
r. Triangular Bandages, (8)			
s. Semi-rigid Cervical Collars (4)			
t. Cold Pac, Chemical, (4)			
u. Triage Tags (15)			
v. Splinting Materials			
w. Disposable Gloves, Asst.			
147. Long Spine Board, w/Acc for Basket Stretcher (2)			
148. Short Spine Board w/Acc (2).			
149. Oxygen Cylinder, Min D Cyl Size w/Regulator Capable of Demand Valve Operation and Free Flow Operation, with Demand Valve and Standard Face Mask (1)			

PERSONAL PROTECTIVE GEAR	Present	Deficient	Corrected at Re-inspector
1. Helmet w/liner			
2. (1 per responding crew member)			
3. Coat			
4. (1 per responding crew member)			
5. Pants			
6. (1 per responding crew member)			
7. Boots			
8. (1 per responding crew member)			
9. Eye Protection			
10. (1 per responding crew member)			
11. Leather Gloves			
12. (1 per responding crew member)			
13. SCBA, PP, 30 Minute (4), with PASS device			
14. Cylinder, Air, spare ea. SCBA (1)			
15. Device, Floatation, Type I, or III, USCG approved (4)			
INFECTION CONTROL (1 per responding crew member)			
1. Clear eye protection			
2. Face Mask			
Inspected By:			
3. Gown / coat (print name)			
4. Surgical caps / foot covers			
Signature:			

Date
Forwarded
To EMS Office:

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

**Rescue Vehicle Inspection Checklist
FIRST RESPONSE**

I. GENERAL INFORMATION:

Name of Rescue Service _____ Telephone Number (____) _____

Address _____
(PHYSICAL STATION LOCATION) (CITY) (STATE) (ZIP)

License Plate Number _____ Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____ Mileage _____

Date Inspected _____ Affiliate Number _____ Regional EMS Council _____

DOCUMENTS	Present	Deficient	Corrected at Re-inspection
1. Nondiscrimination Agreement			
2. Personnel Roster			
3. Mutual Aid Agreements			
4. Equip. Maintenance Records			
5. Trip Forms Completed			
6. Standard Operating Guidelines			
7. Rescue Rope Records			

III. VEHICLE EQUIPMENT:

EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
1. Audible Warning Signal			
2. Current Inspection			
3. Gross Vehicle Weight tag/label			
4. Emergency Lights			
5. Radio Equipment			
6. DOT Haz-Mat Book (1)			
7. Personnel safety restraints			
8. Weight Certificate			

IV. RESCUE SUPPLIES & EQUIPMENT

SUPPLIES AND EQUIPMENT	Present and Operating	Deficient	Corrected at Re-inspection
HAND TOOLS			
1. Absorbent, 25 lbs., (1)			
2. Ax, Flat, 6 lb. Head Min.(1)			
3. Ax, Pick, 6lb.Head Min.(1)			
4. Bar, Pry, Combination, Haligan-Type, 36" (2)			

II. DOCUMENTS

PERSONAL PROTECTIVE GEAR	Present	Deficient	Corrected at Re-inspection
1. Helmet w/liner			
2. (1 per responding crew member)			
3. Coat			
4. (1 per responding crew member)			
5. Pants			
6. (1 per responding crew member)			
7. Boots			
8. (1 per responding crew member)			
9. Eye Protection			
10. (1 per responding crew member)			
11. Leather Gloves			
12. (1 per responding crew member)			
13. SCBA,PP, 30 Minute (4), with PASS device			
14. Cylinder, Air, spare ea. SCBA (1)			
15. Device, Floatation, Type I, or III, USCG approved (4)			
INFECTION CONTROL (1 per responding crew member)			
1. Clear eye protection			
2. Face Mask			
3. Gown / coat			
4. Surgical caps / foot covers			

5. Bar, Pry, Wrecking-Type, 24"(1)			
6. Binoculars, with Case, 10 x 50 (1)			
7. Blanket, Aluminized, Heavy Duty (1)			
8. Blanket, Wool (2)			
9. Chain, 3/8" Alloy Steel, 6,000 lbs. Min. Strength, 6-ft. w/ Grab Hooks (2).			
10. Chisel, Cold, 1/4" x 6" (1)			
11. Chisel, Cold, 1/2" x 6" (1)			
12. Chisel, Cold, 3/4" x 10" (1)			
13. Chock, Wheel (2)			
14. Cover, Salvage 9 x 12 (1)			
15. Cribbing 2" x 4" x 18" (12)			
16. Cribbing 4" x 4" x 18" (36)			
17. Cribbing 4" x 4" x 3' (2)			
18. Cutter Bolt, 36" min (1)			
19. Cutter Wire, 24" (1)			
20. Flare, Fusee, 30 min. (24)			
21. Hacksaw, Solid Frame w/3 spare blades ea (2)			
22. Hammer, Claw, 16 oz min (1)			
23. Hammer, Drilling, 3lb., Short Handle (2)			
24. Hammer, Sledge, 6lb., Long Handle (1)			
25. Jack, High Lift (2)			
26. Jack, Hydraulic, 4-Ton (2)			
27. Knife, Utility (2)			
28. Lantern, Hand, 6 Volts (2)			
29. Lubricant, Spray, (1)			
30. Pliers, Needle-Nose, 6" (1)			
31. Pliers, Diagonal Cutting 8" (1)			
32. Pliers, Lineman's 8" (1)			
33. Pliers, Slip Joint, 8" (1)			
34. Pliers, Arc-Joint, 10" (1)			
35. Punch, Manual / Spring Loaded (1)			
36. Rescue Tool, Hydraulic, (Porta-Power) 10 Ton Min (1)			
37. Screwdriver, Phillips #2 x 6" (1)			
38. Screwdriver, Phillips, #3 x 8" (1)			
39. Screwdriver, Slotted, 1/4" x 6" (1)			
40. Screwdriver, Slotted, 5/16" x 8" (1)			
41. Screwdriver, Slotted, 3/8" x 12" (1)			
42. Screwdriver, Slotted, 1/4" Cabinet (1)			
43. Shovel, Folding or short handle 18" - 36" (2)			
44. Snips, Metal, Compound Action, 8" (1)			
45. Warning Device, Traffic, 12" Height (4)			
46. Wedges, Hardwood, unpainted various sizes up to 4"x4" (8)			
47. Winch, Hand, 1 1/2 -Ton, Chain, 5' Moving Chain Min.(1)			
48. Wrench, Adjustable, 8" (1)			

ROPES & RIGGING			
49. Rope, Nylon, Static, Kernmantle, 9,000 lbs. Min. Strength, ½" min, 150 ft. (2)			
50. Stretcher, Basket, or Sked (1)			
51. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 15 ft.(4)			
52. Webbing, Nylon, Tubular, Spiral Weave (Military Specs) 4,000 lb. 20 ft (4)			
ELECTRIC			
53. Cord, Electric Extension, 100 ft., 10 gauge, 20-amp (1)			
54. Generator, Elec, Vehicle Mtd. Or Portable, 110V, 4,000 Watt Min. w/spare fuel if approp. (1)			
55. Junction Box, 4-Outlet, (1)			
56. Light, Port, 500W, w/Cables (2)			
EXTINGUISHERS			
1. Extinguisher, Fire, ABC, 10lb., 10A-40B (1)			
2. Extinguisher, Fire, ABC, 20lb., 10A-40B (1)			
3. Extinguisher, Fire, Pressure Water, 2 ½ Gal. (1)			
4. COMMUNICATIONS			
5. Radio, Port., Compatible w/ Comm. System (1)			
6. POWERED TOOLS			
7. Chisel, Air Kit, w/ Regulator, Hoses, etc, rated 150 Psi Min. (1)			
8. Saw, Chain, 16" Bar, w/spare chain & spare fuel (1)			
MEDICAL SUPPLIES			
9.Kit, Medical, (1), to contain;			
a. Penlight (1)			
b. Blood pressure cuffs, s. m. lg.			
c. Stethoscope (1)			
d. Suction catheters, flex., (2)			
e. Portable Suction Unit (1)			
f. Pocket mask with 1 way vlv. (1)			
g. Oxygen Delivery Devices (5)			
h. Oral Airways (5)			
i. Bag Valve Mask, Adult, (1)			
j. Bag Valve Mask, Ped., (1)			
k. Adhesive Tape, (2)			
l. Bandage Shears, (1)			
m. Occlusive Dressings, (4)			
n. Roller gauze, (6)			
o. Sterile Burn Sheets, 4' x 4' (2)			
p. Sterile Gauze Pads, 3 x 3, (12)			
q. Sterile Universal Dressings, 10" x 30", (2)			
r. Triangular Bandages, (8)			
s. Semi-rigid Cervical Collars (4)			
t. Cold Pac, Chemical, (4)			
u. Triage Tags (15)			
v. Splinting Materials			

w. Disposable Gloves, Asst.			
10. Long Spine Board, w/Acc for Basket Stretcher (2)			
11. Short Spine Board w/Acc (2).			
12. Oxygen Cylinder, Min D Cyl Size w/Regulator Capable of Demand Valve Operation and Free Flow Operation, with Demand Valve and Standard Face Mask (1)			

Inspected By: _____
(print name)

Signature: _____

Date _____
Forwarded _____
To EMS Office: _____

APPENDIX E

SAMPLE POLICIES

- **RECORDKEEPING**
- **SCENE CONTROL**
- **MUTUAL AID AGREEMENT**

RECORDKEEPING POLICY

All fire and rescue personnel of the:

are required to complete a fire report and/or rescue trip report as the senior officer, rescuer or firefighter in charge of the incident. This information will be documented upon return to the station or soon thereafter. Reporting will be done on forms acceptable to OR provided by the EMS Office of the Pennsylvania Department of Health.

Signature of Principal Official

Title

Date

Printed Name of Principal Official

SCENE CONTROL POLICY

All fire and rescue personnel of the:

shall adhere to the following scene control policy and procedure:

1. Control of all aspects of rescue evolutions at an emergency scene shall be the responsibility of the Rescue Officer. The Rescue Officer shall be the highest-ranking officer and/or training level relative to the type of incident that operations are being conducted at. The Rescue Officer shall be from the primary rescue service dispatched to the incident. In instances where the performance of rescue evolutions might impact on the provision of emergency medical care, the Rescue Officer SHALL confer with the highest-ranking EMS provider on scene before such rescue evolutions are performed.
2. The hierarchy of certification shall be:
 - 1). Chief Officer.
 - 2). Rescue Captain.
 - 3). Lieutenant(s).
 - 4). Most appropriately trained non-officer.
3. Scene management may be passed only to an equally trained individual, a more senior officer or a more qualified firefighter / rescuer.

Signature of Principal Official

Title

Date

Printed Name of Principal Official

MUTUAL AID AGREEMENT

The Governing Officers of: _____
(Name of Neighboring Service)

(Address) (City) (State) (Zip)

recognize that the provision of emergency rescue services are in the public interest, and do hereby agree to assist the following organization;

(Name of Home Service)

(Address) (City) (State) (Zip)

in the delivery of emergency rescue service of patients who require it when _____ (Home Service) is not available in its primary response area. In this event, requests for rescue services will be referred to _____ (Neighboring Service), which will respond and provide emergency rescue service within the referring services response area.

This AGREEMENT is valid this _____ Day of _____, 20__.
This AGREEMENT may be terminated by either party involved by making their wishes known, in writing to the other party. The Home Service shall give written notice of any such termination immediately to the regional EMS Council.

Signature of Principal Official
(Home Service)

Signature of Principal Official
(Neighboring Service)

Printed Name

Printed Name

Date

Date