

# PM000030

Revision 4

## AMBULANCE AND SURFACE RESCUE VEHICLE INSPECTION

Maintenance Procedure  
Reference Only  
[GC07/AU04]

**APPROVED FOR USE**

## 1.0 INTRODUCTION

Specifically, this work will accomplish the following:

- This procedure provides work steps to safely perform weekly inspection and testing of Waste Isolation Pilot Plant (WIPP) Emergency Response Equipment. Qualified Emergency Services (ES) personnel will perform documented inspections and tests. Performance of this procedure generates a Resource Conservation and Recovery Act (RCRA) record.

This procedure generates the following Quality records in accordance with WP 13-1, Quality Assurance Program Description (QAPD).

- Attachment 1, 75-Q-010, Surface Ambulance Weekly Checklist
- Attachment 2, 74-Q-012, Underground (U/G) Ambulance Checklist
- Attachment 3, 75-Q-011, Surface Rescue Truck

## 2.0 REFERENCES

### BASELINE (DEVELOPMENTAL)

Vehicle Operation and Maintenance Manuals  
NFPA 1451, Fire Service Vehicle Operations Training Program  
NFPA 1500, Standard on Fire Department Occupational Safety and Health Program  
SCC Rule 252, 11-30-93, NM State Corporation Commission, Ambulance Standards  
WP 04-AD3016, Equipment Inactivation  
WP 12-FP.01, Fire Protection Program  
WP 13-1, Washington TRU Solutions LLC Quality Assurance Program Description  
WIPP Hazardous Waste Facility Permit, NM 4890139088, TSDF,  
New Mexico Environment Department

### REFERENCED (REQUIRED ON-HAND)

None

**3.0 MATERIAL LIST**

As required, provided by Emergency Management.

**4.0 EQUIPMENT LIST**

Safety Glasses  
Equipment Keys  
Tire Gauge

**5.0 PRECAUTIONS**

The JOB HAZARDS CHECKLIST indicates types of hazards that may be present during the performance of this work. See the indicated section for precautions and mitigating actions.

**JOB HAZARDS CHECKLIST**

<b>HAZARD</b>	<b>MITIGATED AT SECTION</b>
MOBILE EQUIPMENT HAZARD	[ ] 8.1

**6.0 LIMITATIONS**

- [ ] 6.1. HOLD AND WITNESS POINTS  
None
- [ ] 6.2. TAGOUT/LOCKOUT  
None

6.3. OTHER LIMITATIONS

- All work steps should be performed. If a major change in Preventive Maintenance (PM) is needed for a particular job, then Emergency Management Manager (EMM), **OR** designee, will review and approve. ES will attach approval to field copy showing temporary change.
- Vehicle bay doors must be open when vehicles are running.
- When a vehicle is parked, vehicle must be properly chocked.
- Any employee who has a concern for employee safety, the safety of the environment, or the quality of the activity has the responsibility and authority to suspend the performance of that activity.
- All personnel affixing initials to this package shall provide the information listed in the PERSONNEL DATA TABLE.

## 7.0 PREREQUISITES

7.1. ADMINISTRATIVE

- 7.1.1. EMM, **OR** designee, provide training, direction, and overview to personnel performing inspections and tests.
- 7.1.2. EMM, **OR** designee will ensure adequacy of inspection and test procedures for compliance to National Fire Protection Association (NFPA), Occupational Safety and Health Administration (OSHA), Department of Energy (DOE), RCRA inspection requirements, and Washington TRU Solutions, LLC (WTS) requirements.
- 7.1.3. Facility Shift Manager (FSM), **OR** designee, ensure that this procedure is followed, make procedure changes as needed, and ensures that inspection reports are reviewed and signed.
- 7.1.4. Work Control, maintain PM procedures and provide ES personnel timely test sheets for documentation of scheduled weekly inspection and tests, and maintain documentation for review by authorized personnel.
- 7.1.5. Personnel performing this work review these work instructions and appropriate sections of the references listed in the REFERENCED (REQUIRED ON HAND) section.

7.1.6. Record work order number on Attachments.

7.1.7. Record equipment number on attachments.

**SIGN-OFF EST**

7.2. TASK PREPARATION

7.2.1. Obtain materials and equipment shown in Materials and Equipment section.

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**NOTE**

This note applies to section 8.0  
Non RCRA inspection items are identified by an asterisk on attachments.

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**8.0 PERFORMANCE**

**WARNING**

**This warning applies to section  8.1**

- Do not allow vehicles to idle in the vehicle bay or unventilated areas.
- All vehicles must be chocked while parked.
- Any deficiency shall be documented and reported to the EMM.

8.1. WEEKLY APPARATUS INSPECTION

8.1.1. Perform weekly inspection per Attachment 1 for Surface ambulance, 75-Q-010.

**SIGN-OFF EST**

8.1.2. Perform weekly inspection per Attachment 2 for Underground Ambulance, 74-Q-012.

**SIGN-OFF EST**

- 8.1.3. Perform weekly inspection per Attachment 3 for Surface Rescue, 75-Q-011.

**SIGN-OFF EST**

- 8.1.4. Document any deficiencies on applicable inspection form and make notification to FSM.

8.2. RESTORATION TO OPERATIONAL STATUS

- 8.2.1. Return inspection form to FSM, **OR** designee.

- 8.2.2. FSM or designee review form for completeness. Make additional comments as required in space provided.

**SIGN-OFF FSM/DESIGNEE**

- 8.2.3. FSM, or designee, returns form for filing in accordance with RCRA and Maintenance Operations ~~ES~~ Records Inventory and Disposition Schedule (RIDS).

- 8.2.4. If equipment failed inspection, and is repaired or replaced, or equipment has been on a run, then re-inspect and/or test equipment.

## ATTACHMENT 1, 75-Q-010, SURFACE AMBULANCE WEEKLY INSPECTION

Date:				
<input type="checkbox"/> OK <input checked="" type="checkbox"/> Adjustment Made <input type="checkbox"/> Repairs Required				
AR Written [ ] Yes [ ] No      AR #				
* Non-RCRA Item				
(check or complete appropriate information)				
ITEM	Condition	Min. #	Present #	Comments/Corrective Action
Oil level		N/A	N/A	
Trans. fluid level		N/A	N/A	
Brake fluid level		N/A	N/A	
Radiator fluid level		N/A	N/A	
Power steering fluid level		N/A	N/A	
Fan belts		N/A	N/A	
Battery terminals/cables		N/A	N/A	
Washer fluid level		N/A	N/A	
Windshield wipers		N/A	N/A	
Seat belts		N/A	N/A	
Horn		N/A	N/A	
Fuel level		N/A	N/A	
Headlights (hi/low)		N/A	N/A	
Turn signals		N/A	N/A	
Warning flashers		N/A	N/A	
Brake lights		N/A	N/A	
Back-up alarm/lights		N/A	N/A	
Emergency brake		N/A	N/A	
Emergency lights		N/A	N/A	
Emergency siren		N/A	N/A	
Medical radio		N/A	N/A	
Site radio		N/A	N/A	
*Cellular phone		N/A	N/A	
*Clipboard		N/A	N/A	
Flashlight		1		

**ATTACHMENT 1 75-Q-010, SURFACE AMBULANCE WEEKLY INSPECTION,  
(Continued)**

Date:				
ITEMS	Condition	Min. #	Present #	Comments/Corrective Action
*Spotlight		N/A	N/A	
Body condition/clean		N/A	N/A	
Fire extinguisher		1		
Traction splint		1		
K.E.D.		1		
Master O <sub>2</sub> cylinder (> 500psi)		N/A	N/A	PSI
*Tool Kit		N/A	N/A	
*Water gel		N/A	N/A	
*Lanyard		N/A	N/A	
*Emergency road light kit		N/A	N/A	
Air splints		2 sets		
*Body bag		N/A	N/A	
*Evacu-Splint Limbs		N/A	N/A	
*Jack		N/A	N/A	
*Lug wrench		N/A	N/A	
*Jack handle		N/A	N/A	
*Bolt cutter		N/A	N/A	
*Glass master		N/A	N/A	
*Sand bags		N/A	N/A	
*Evacu-Body Splint		N/A	N/A	
Long board w/ head blocks		1		
Scoop stretcher		1		
Folding Backboard		1		
M.A.S.T.		1 pr.		
*Frac. straps		N/A	N/A	

RCRA Form

**ATTACHMENT 1 75-Q-010, SURFACE AMBULANCE WEEKLY INSPECTION,  
(Continued)**

Date:				
ITEMS	Condition	Min. #	Present #	Comments/Corrective Action
Ladder splints		2 sets		
Rigid splints		3 sets		
*Duct Tape				
*Restrains		N/A	N/A	
*Plastic Bags and Labels		N/A	N/A	
Trauma Kit Note: The following bolded items are in the Trauma Kit,		1		
<b>B/P cuff &amp; stethoscope</b>		<b>1</b>		
<b>Penlight</b>		<b>1</b>		
<b>Oral airway</b>		<b>1</b>		
<b>Soft roller bandages</b>		<b>4</b>		
<b>Triangular bandages</b>		<b>3</b>		
<b>*Wet Dressing</b>		<b>N/A</b>	<b>N/A</b>	
<b>Band-aids</b>		<b>1 pkg.</b>		
<b>Pads/sponges (4x4)</b>		<b>25</b>		
<b>Adhesive tape</b>		<b>1 roll</b>		
<b>Bite stick</b>		<b>1</b>		
<b>Trauma dressing</b>		<b>2</b>		
<b>Burn sheet</b>		<b>1</b>		
<b>Glucose solution</b>		<b>1</b>		
Gauze dressings		2		
*Disposable C-Collars		N/A	N/A	
O <sub>2</sub> Cylinders		2		
Portable O <sub>2</sub> Kit		1		
Jump Kit		N/A	N/A	
IV Kit			N/A	
Portable Suction		N/A	N/A	
Linen Set		2		
*Towels		N/A	N/A	
*Pillows		N/A	N/A	
Blankets		2	N/A	

RCRA Form

**ATTACHMENT 1, 75-Q-010, SURFACE AMBULANCE WEEKLY INSPECTION,  
(Continued)**

Date:				
ITEMS	Condition	Min. #	Present #	Comments/Corrective Action
*Adult nasal cannula		N/A	N/A	
*Adult simple mask		N/A	N/A	
*Adult N/R mask		N/A	N/A	
*O <sub>2</sub> tubing		N/A	N/A	
Adult BVM		2		
Oral airway kit		1		
*Pocket mask		N/A	N/A	
*Combi-Tubes		2		
Adhesive Tape		1Roll		
Various size Cling gauze		4		
*Glucometer		N/A	N/A	
Glucose Test Strips		5		exp. date
BP Kit		1		
Med Kit: The following bolded items are in the Med Kit				
<b>*Glucagon</b>		<b>1</b>		<b>exp. date</b>
<b>*Dextrose 50%</b>		<b>2</b>		<b>exp. date</b>
<b>*Epinephrine 1:10,000</b>		<b>1</b>		<b>exp. date</b>
<b>*Epi-Pen</b>		<b>1</b>		<b>exp. date</b>
<b>*Diphenhydramine</b>		<b>1</b>		<b>exp. date</b>
<b>*Nitroglycerin</b>		<b>1</b>		<b>exp. date</b>
<b>*Narcan</b>		<b>2</b>		<b>exp. date</b>
<b>*Albuterol</b>		<b>2</b>		<b>exp. date</b>
<b>*Aspirin</b>		<b>1</b>		<b>exp. date</b>
<b>*Glucose</b>		<b>1</b>		<b>exp. date</b>
*Sterile Water		N/A	N/A	exp. date
*Penlight		1		
Pad/Sponges (4 x 4)		50		
Triangles		4		
Adhesive tape		1 roll		
Start Kits		2		

RCRA Form

**ATTACHMENT 1, 75-Q-010, SURFACE AMBULANCE WEEKLY INSPECTION,  
(Continued)**

Date:				
ITEMS	Condition	Min. #	Present #	Comments/Corrective Action
*Tape		2		
LR IV Fluid		1		exp. date
NS IV Fluid		1		exp. date
*Reg. drip tubing		N/A	N/A	
*Mini drip tubing		N/A	N/A	
*Blood tubing		N/A	N/A	
*IV Prep pads		N/A	N/A	
16g, 18g, 20g, 22g Angiosets/Angiocaths		2		
*Band-aids		1 Box		
Abd. Pads		6		
Trauma Dressing (30X10)		6		
Hot packs		4		
Cold packs		4		
Occlusive dressings		3		
Aluminum Foil		1 roll		
*Burn kit		N/A	N/A	
Burn sheet		1		
Infant BVM				
Pediatric Simple mask		1		
*OB Kit		N/A	N/A	
*Sterile Gloves		N/A	N/A	
*Emesis bags		N/A	N/A	
*18 guage french catheter		N/A	N/A	
*Plastic wrap roll		N/A	N/A	
*Tievecs		N/A	N/A	
*Booties		N/A	N/A	
*Surgical masks		N/A	N/A	
Defib. monitor & pads		1		
Defib. pads		N/A	N/A	
Installed Suction Unit		N/A	N/A	
OCILLIMATE		N/A	N/A	
O <sub>2</sub> humifier cannister		N/A	N/A	

RCRA FORM



## ATTACHMENT 2, 74-Q-012, U/G AMBULANCE WEEKLY INSPECTION

Date: \_\_\_\_\_

 OK Adjustment Made Repairs RequiredAR written  Yes  No

AR #

(check appropriate information)

ITEM	Condition	Min. #	Present #	Comments/Corrective Action
Seat belts		N/A	N/A	
Headlights		N/A	N/A	
Emergency lights		N/A	N/A	
Brake lights		N/A	N/A	
Backup alarm		N/A	N/A	
Horn		N/A	N/A	
Brake fluid level		N/A	N/A	
Emergency brake		N/A	N/A	
Fire extinguisher		N/A	N/A	
Test drive		N/A	N/A	
Body condition/clean		N/A	N/A	
Battery terminals/cables		N/A	N/A	
Diesel fuel level		N/A	N/A	
Oil level		N/A	N/A	
Transmission fluid		N/A	N/A	
Radiator fluid level		N/A	N/A	
Test drive 2 wheel drive		N/A	N/A	
M.A.S.T		1 pr.		
Monitor/Defibrillator		1		
Oxygen cylinders		3		
Adult bag resuscitators		2		
Traction splint		1		
K.E.D. (spine board)		1		
Rigid splint Board(upper & lower extremities)		2		
Air splint		1 set		
Long spine board		1		
Scoop stretcher		1		
Emergency stretcher (basket)		1		
Portable suction unit		1		
Blankets		2		
IV start kits		2		
Angiosets/caths 16g, 18g, & 20g		2 ea		

RCRA FORM

**ATTACHMENT 2, 74-Q-012, U/G AMBULANCE WEEKLY INSPECTION (Continued)**

Date:				
ITEM	Condition	Min. #	Present #	Comments/Corrective Action
LR IV fluid		1		exp. date
NS IV fluid		1		exp. date
Rigid cervical collars		2		
Glucometer		1		
Glucose test strips		5		exp. date
Cold packs		4		
Heat packs		4		
Trauma Kit		1		
Trauma dressings		2		
Pads/sponges (4x4)		25		
Adhesive tape		1		
Bite stick		1		
Sterile burn sheet		1		
Glucose substance		1		
Sterile gauze dressings		2		
Triangular bandages		3		
Band-aids		1 pkg		
Soft roller bandages		4		
Penlight		1		
Oral Airways		1 set		
B/P cuff & stethoscope		1		

RCRA FORM

**ATTACHMENT 2, 74-Q-012, U/G AMBULANCE WEEKLY INSPECTION (Continued)**

Date: \_\_\_\_\_

<b>Maximum air pressure as recorded on tire, PSI</b>	<b>As Found Tire Pressure, PSI</b>	<b>Comments/Corrective Actions</b>
Record right front maximum pressure.		
Record right rear outside maximum pressure.		
Record left front maximum pressure.		
Record left rear tire maximum pressure.		
Spare tire as applicable		

Inspected by: \_\_\_\_\_  
 Print Name Signature Time/Date

Inspected by: \_\_\_\_\_  
 Print Name Signature Time/Date

Reviewed by: \_\_\_\_\_  
 Print Name Signature Time/Date

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RCRA FORM

**ATTACHMENT 3, 75-Q-011, SURFACE RESCUE TRUCK**

Date:

 OK Adjustment Made Repairs RequiredAR Written [ ] Yes [ ] No AR #  
(check or complete appropriate information)

ITEM	Condition	Min. #	Present #	Comments/Corrective Action
Oil level		N/A	N/A	
Brake fluid level		N/A	N/A	
Radiator fluid level		N/A	N/A	
Power Steering fluid level		N/A	N/A	
Fan belts		N/A	N/A	
Battery terminals/cables		N/A	N/A	
Washer fluid level		N/A	N/A	
Windshield wipers		N/A	N/A	
Seat belts		N/A	N/A	
Fuel level		N/A	N/A	
Headlights (hi/low)		N/A	N/A	
Turn signals		N/A	N/A	
Warning flashers		N/A	N/A	
Brake lights		N/A	N/A	
Back-up alarm/lights		N/A	N/A	
Emergency brake		N/A	N/A	
Emergency lights		N/A	N/A	
Emergency siren		N/A	N/A	
Test drive 2WD				
Test drive 4WD				
Medical radio		N/A	N/A	
Site radio		N/A	N/A	
Cellular phone		N/A	N/A	
Oil pressure		N/A	N/A	psi
Engine temperature		N/A	N/A	

RCRA FORM

## ATTACHMENT 3, 75-Q-011, SURFACE RESCUE TRUCK (Continue)

Date:				
ITEM	Condition	Min. #	Present #	Comments/Corrective Action
Spot lights		N/A	N/A	
Winch line, control & motor		N/A	N/A	
Come-a-long (4-ton)		1		
Generator (Operational)		1		
Light Tower (Operational)				
Porto-Power (Operational)		1		
Rescue Tools (Operational)				
Air bag system (> 1700 psi)		1 each		
Air chisel		1		
Master oxygen cylinder > 500 psi		1		psi
IV start kits		2		
Angiosets / caths #16, 18 & 20 g		2 each		
LR IV fluid		1		exp. date
Albuterol		2		exp date
Diphenhydramine		3		exp date
Epi-Pen		1		exp. date
Epi 1:1000 1 mg amp.		5		exp. date
Epi 1:10,000		2		exp. date
Aspirin 81 mg		1		exp. date
Glucose		1		exp. date
Glucagon		1		exp. date
Dextrose 50 %		2		exp. date
Nitro		1		exp. date
Narcan		3		eexp. date
Glucometer		1		
Glucose Test Strips		5		exp. date
Promethazine		2		exp. date

RCRA FORM

