FIRST RESPONDER CHECKLIST

Y N ***VEHICLE - GENERAL***

( ) ( ) Emergency Lights
( ) ( ) Alley Lights - Left & Right
( ) ( ) Turn Signals
( ) ( ) Headlights
( ) ( ) Tires (Visual Inspection)
( ) ( ) Overhead / Door Courtesy Lights
( ) ( ) Horn
( ) ( ) Siren
( ) ( ) Base Radio (Sign On With Mileage)
( ) ( ) Fuel Level: _____
( ) ( ) Fuel Credit Cards (Valero & Mobil)
( ) ( ) Stream Light
( ) ( ) Hagstrom Map / Street Index Book
( ) ( ) Fire Extinguisher
( ) ( ) Gloves and Flares (6)
( ) ( ) Helmet
( ) ( ) Safety Goggles
( ) ( ) DOH Logo (Three Sides)
( ) ( ) DMV Insurance Card Exp: _____ / _____
( ) ( ) DMV Registration Card Exp: _____ / _____
( ) ( ) DOH Inspection Sticker Exp: _____ / _____

Y N ***ALS SUPPLIES****

***NOTE** **ALS Providers Must Use ALS Checklist.**
BLS Providers Must Verify That The Following Equipment is Present.

( ) ( ) ALS Medications (Red Bag)
( ) ( ) LifePak 12 w/ Paired Cellular Phone

Y N ***BLS SUPPLIES***

( ) ( ) Cervical Collars (2 Each Size)
( ) ( ) Delivery Kit (1) Exp: _____ / _____
( ) ( ) Ground Cover (1)
( ) ( ) KED w/ Two Head Straps (1)
( ) ( ) Nitrile Gloves (SM, MD, LG, XL)
( ) ( ) Portable Suction w/ Tubing - Test Min. 300mm Hg (1)
( ) ( ) Rigid Tip Suction Catheter (2) Exp: _____ / _____
( ) ( ) **LifePak 500**
Adult Defib Pads, Exp: _____ / _____
Pediatic Defib Pads Exp: _____ / _____
Razor Blade, and Trauma Shears
( ) ( ) **BLS Assisted Medications (Bag) Tag Color:** _____ **(Notify Your Day Captain Immediately After Use or if Bag is Not Sealed)**

Y N ***FIRST AID KIT (BLUE BAG)***

( ) ( ) Adhesive Tape - 1" (1)
( ) ( ) Adhesive Tape - 2" (1)
( ) ( ) Adhesive Tape - 3" (1)
( ) ( ) Band-Aids - Regular (10)
( ) ( ) Band-Aids - XLarge (2)
( ) ( ) Dressings 4x4 (12)
( ) ( ) Dressings 5x9 (6)
( ) ( ) Dressings 10x30 (2)
( ) ( ) Occlusive Dressing (1) Exp: _____ / _____
( ) ( ) Kling - 2" (3)
( ) ( ) Kling - 4" (3)
( ) ( ) Kling - 6" (3)
( ) ( ) Triangular Bandages (6)
( ) ( ) Sterile Burn Sheet (1)
( ) ( ) Finger Splint (1)
( ) ( ) Cold Packs (3)
( ) ( ) Insta-Glucose (1) Exp: _____ / _____
( ) ( ) Trauma Shears (1)
( ) ( ) Sterile Saline (500cc) Exp: _____ / _____
( ) ( ) Penlight (1)
( ) ( ) BP Cuff - Adult (1)
( ) ( ) BP Cuff - Pediatric (1)
( ) ( ) Stethoscope (1)
( ) ( ) Disinfectant Wipes

Y N ***OXYGEN (GREEN BAG)***

( ) ( ) O2 Tank - D-Cylinder: _____ (Minimum 1000psi)
( ) ( ) OPA's (Set of Seven)
( ) ( ) BVM - Adult (1)
( ) ( ) BVM - Pediatric - Outside Pocket (1)
( ) ( ) NRB Mask - Adult (2)
( ) ( ) NRB Mask - Pediatric (2)
( ) ( ) Nasal Cannula - Adult (2)
( ) ( ) Nasal Cannula - Pediatric (1)
( ) ( ) Nebulizer (1)
( ) ( ) BP Cuff - Adult (1)
( ) ( ) BP Cuff - Pediatric (1)
( ) ( ) Stethoscope (1)

( ) 2-15-80 ( ) 2-15-81 ( ) 2-15-82 ( ) 2-15-83

OPERATOR: _____ NUMBER: _____ SIGNATURE: _____

MILEAGE OUT: _____ DAY: _____ TOUR: _____ DATE: _____

PLEASE LEAVE COMPLETED FORM IN DAY CAPTAIN'S MAILBOX.

DAY CAPTAIN'S INITIALS: _____ (FORWARD TO APPROPRIATE DEPUTY CHIEF)