HCFAS Ambulance Checkout #107

Date:_____ Day:_____

Shift:_____ Ambulance:_____

Y	N	Outside Driver Side 1
( )	( )	*** On Board O2 (min 500psi) _____**
( )	( )	*** Stair Chair w/ Sheet**
( )	( )	*** Reeves Stretcher w/ Sheet**
( )	( )	*** Splint Kit (2 each 18", 36", 48")**
( )	( )	Helmets (2)

Y	N	Outside Driver Side 2
( )	( )	*** KED**
( )	( )	*** Sager Traction Splint**
( )	( )	*** Burn Kit (Exp_____)**
( )	( )	Hare Traction Splint
( )	( )	Frac Pac Adult/Ped

Y	N	Outside Driver Side 3
( )	( )	Fire Stand By Kit
( )	( )	*** Safety Vests (4)**
( )	( )	Flashlights (2)

Y	N	Outside Passenger Side 1
( )	( )	***Backboard w/ 3 straps each (2)**
( )	( )	***Field Stretcher**
( )	( )	***Scoop Stretcher w/ 9ft. straps**
( )	( )	***Collar bag- 4 Adult 2 Peds**
( )	( )	***Head Immobilizers (2)**
( )	( )	Pediatric Immobilization Device

Y	N	ALS Supplies
( )	( )	ALS Cabinet Locked
( )	( )	Lifepak 15
( )	( )	Lifepak Batteries fully Charged (2)
( )	( )	EKG Electrodes - Packets (4)

Y	N	Spare O2
( )	( )	Spare O2 Bottles *2 on 16, 19 *4 on 17, 18, 20, 21
( )	( )	Spare O2 Regulator

Y	N	Lucas
( )	( )	Fully Charged Battery (2)
( )	( )	Suction Cup (2)

Y	N	AED
( )	( )	***AED LP 1000 (check window for OK)**
( )	( )	***Adult Combo Pads (Exp_____/_____)**
( )	( )	***Pediatric Defib Pads (Exp_____)**
( )	( )	***EMS Shears**
( )	( )	***Razor**

Peds Pouch	
Seal #_____	Exp Date_____
Peds BVM	
Neonate BVM	
Infant Stethoscope	
Infant BP Cuff	
Small Size NPAs (Medic/ CC use ONLY)	

Y	N	Assessment Equipment
( )	( )	***Stretcher w/ Straps in working order**
( )	( )	*Stretcher Battery (Green Light)
( )	( )	***Nitrile Gloves (1 box S, M, L, XL)**
( )	( )	***Onboard Suction Test to 300mmHg**
( )	( )	***Portable Suction w/ tubing Test to 300mmHG (Rigid Catheters Exp_____/_____)**
( )	( )	Tissues (1)
( )	( )	ePCR Charger

Y	N	O2 Bag
( )	( )	***Carbon Monoxide Detector Months Remaining_____**
( )	( )	***Oxygen Tank w/regulator Min 1000psi _____**
( )	( )	***BP Cuff (Adult, Ped, XLarge)**
( )	( )	***Stethoscope**
( )	( )	***EMS Shears**
( )	( )	***Penlight**
( )	( )	***Glucometer (Test strips, Lancets, Alcohol pads, Band aids)**
( )	( )	***Oral Glucose (Exp_____)**
( )	( )	***Aspirin (Exp_____)**
( )	( )	***OPAs (7sizes)**
( )	( )	***Adult BVM with Viral Filter**
( )	( )	***Adult NRB (2)**
( )	( )	***Adult NC (2)**
( )	( )	***Peds NRB (1)**
( )	( )	***Peds NC (1)**
( )	( )	***Trauma Dressing (2)**
( )	( )	***4x4 (10)**
( )	( )	***5x9 (5)**
( )	( )	***HyFin Chest Seal Exp_____**
( )	( )	***Quick Clot Exp_____**
( )	( )	***Tourniquet**
( )	( )	***Kling (2 each 2", 4", 6")**
( )	( )	***Band Aids (1 box)**
( )	( )	***Tape (1 each 1", 2", 3")**
( )	( )	***Triangular Bandages (6)**
( )	( )	***Cold Packs (2)**
( )	( )	***SAM Splint (1)**
( )	( )	*** C-Collar Adult (1)**
( )	( )	*** Emesis (Hoop) Bags (2)**

BLS MED POUCH	
Seal #_____	Exp Date_____
Check and Inject Epi (2)	
Check and Inject Syringes (2)	
Check and Inject Needles (2)	
Narcan w/ Intranasal Device (2)	
Albuterol (4) and Nebulizers (2)	

Comments:

Y	N	Document Cabinet
( )	( )	***Clipboard w/PCR, con forms, RMA**
( )	( )	***Triage Tags (24)**
( )	( )	Form Folder: Family Patient Contact, Dog Bite, Child Abuse, Exposure Control, ET forms, Controlled Substance

Y	N	4" Over Counter Cabinet
( )	( )	***Adult BVM with Viral Filter**
( )	( )	***Peds BVM (3 size mask)**
( )	( )	***Infant BVM**
( )	( )	***Adult NRB (4)**
( )	( )	***Peds NRB (2)**
( )	( )	Adult NC (4)
( )	( )	Peds NC (2)
( )	( )	Oxygen Tubing (2)
( )	( )	***CPAP Exp_____**
( )	( )	Set of NPAs Exp_____
( )	( )	***Set of OPAs (7 sizes)**
( )	( )	Stethoscope
( )	( )	BP Cuff (1 each Child, Adult, XLarge)
( )	( )	Suction Tubing (2)
( )	( )	Rigid Catheters Exp_____/_____
( )	( )	Soft Catheters (2 each #6, #8, #10, #14)
( )	( )	Emesis containers (2)
( )	( )	Emesis Bags (6)
( )	( )	Oral Glucose Exp_____/_____

Y	N	Over Lifepack Cabinet
( )	( )	Humidifiers Disposable (2)
( )	( )	Disposable Suction Cannisters (2)
( )	( )	Isolation Kits (4)
( )	( )	Box of N95 Masks (4)
( )	( )	Isolation Gowns (4)
( )	( )	Goggles (4)
( )	( )	Disposable Ear Plugs (4)
( )	( )	Red Biohazard Bags (2)
( )	( )	Sterile Burn Sheets (2)
( )	( )	OB kit w/ Swaddler
( )	( )	Sterile water Exp_____/_____
( )	( )	Sterile Saline (1 Liter) Exp ____/____

Y	N	Linens
( )	( )	Cloth Towels (4)
( )	( )	Pillow w/ cases (2)
( )	( )	Sheets (4)
( )	( )	Blankets (2)

Y	N	Over Bench
( )	( )	***Set of Restraints**
( )	( )	***Penlights (2)**
( )	( )	4x4 (24)
( )	( )	5x9 (10)
( )	( )	Kling (4x 2", 4x 4",2x 6")
( )	( )	Trauma Dressings 10x30 (3)
( )	( )	Sanitary Napkins (6)
( )	( )	Cold Packs (5)
( )	( )	Triangular Bandages (6)
( )	( )	Adhesive Tape (1 each 1", 2", 3")
( )	( )	EMS Shears (1)
( )	( )	Tourniquet Pouch (Sealed, 4 ea.)

Y	N	Under Bench
( )	( )	CPR Board
( )	( )	Bedpan and Urinal (1 each)
( )	( )	Ground Cover (3)
( )	( )	Germicidal Wipes
( )	( )	Mega Mover (Bariatric Sheet Device)

Contents of Sealed Containers*
Fire Stand By Kit:
O2 tree w/ 7 Ports Adult NRB (7)
Burn Kit:
4x4 (6) Kling (6) Sterile saline (2, 1000ml)
Sterile Burn Sheets (4)

**** Reminder** All members must carry HCFAS ID and EMT B, CC, P must carry their NYS certification. All Drivers must carry a NYS Driver's License.**

Crew Members:

_____ Name and Number _____ Name and Number

_____ Name and Number _____ Name and Number

Crew Leader Signature: _____ Number: _____ Day Captain: _____

Comments: