

Wintergreen Fire & Rescue – Response 174 Inventory Check Sheet

Date: ___/___/___ Mileage: _____ Checked By: _____

Please remove items indicated with when vehicle is taken out-of-service.

Cab

<input type="checkbox"/> TJEMS Protocol Book	<input type="checkbox"/> DOT Emergency Response Guide	<input type="checkbox"/> 2 Safety Vests
<input type="checkbox"/> Terrorism Response Book	<input type="checkbox"/> Toughbook w/charger	<input type="checkbox"/> Trailer Plug Adapter
<input type="checkbox"/> Nelson County Map Book	<input type="checkbox"/> 25 Triage Tags (Glove Box)	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> GPS		

Behind Seat(s)

<input type="checkbox"/> Oxygen Duffel (Refer to list below)	<input type="checkbox"/> Trauma Bag (Refer to list below)	<input type="checkbox"/> Portable Suction
<input type="checkbox"/> Philips Monitor (Refer to list below)	<input type="checkbox"/> 1 VHF Walkie	<input type="checkbox"/> CPAP Kit
<input type="checkbox"/> Cardiac Box (Locked/In-date)	<input type="checkbox"/> AT Trail Map (laminated)	

Bed Tool Box

<input type="checkbox"/> Spare O2 Bottle	<input type="checkbox"/> Triage Tape Kit	<input type="checkbox"/> Draw Bar w/2" ball
<input type="checkbox"/> 2 Blankets	<input type="checkbox"/> Flash Light (Alt. loc. In Cab)	<input type="checkbox"/> 10 Flares w/case
<input type="checkbox"/> 1 Sharps Container	<input type="checkbox"/> 5# Fire Extinguisher	<input type="checkbox"/> 2 Towels
<input type="checkbox"/> Gloves (S-M-L-XL)		
<input type="checkbox"/> Tool Bag, Contents:		
<input type="checkbox"/> 1 Adjustable Wrench, 10"	<input type="checkbox"/> 1 Standard Screwdriver	<input type="checkbox"/> 1 Phillips Screwdriver
<input type="checkbox"/> 1 Center Punch		
<input type="checkbox"/> C-Collar Kit, Contents:		
<input type="checkbox"/> 1 Roll 2" Tape	<input type="checkbox"/> 2 Head Blocks (or Towel Rolls)	<input type="checkbox"/> 1 set Spider Straps
<input type="checkbox"/> 1 Each Size C-Collar (Infant/Pediatric/Regular/No-Neck/Short/Tall) or 2 Adjustable		

Oxygen Duffel "aka: Green Bag"

<input type="checkbox"/> 1 "D" Size O ₂ Tank w/regulator	<input type="checkbox"/> 1 Glucometer Kit	<input type="checkbox"/> 1 GUM Bougie
<input type="checkbox"/> 2 Adult NRBs	<input type="checkbox"/> 2 Adult Nasal Cannulas	<input type="checkbox"/> 1 Pocket Mask
<input type="checkbox"/> 2 Peds NRBs	<input type="checkbox"/> 2 Child Nasal Cannulas	
<input type="checkbox"/> 1 Trauma Shears	<input type="checkbox"/> NPAs w/ Lube (20-36 Fr)	<input type="checkbox"/> 1 OPA kit (0-6)
<input type="checkbox"/> 2 Tubes Oral Glutose		
<i>Outside Rear Long Pocket*</i>		
<input type="checkbox"/> 1 Adult BVM	<input type="checkbox"/> 1 Infant BVM	<input type="checkbox"/> Disposable Face Masks (Lg. Adult/Adult/Child)
<i>Outside End Pocket:</i>		
<input type="checkbox"/> 1 Adult BP Cuff & Stethoscope	<input type="checkbox"/> 1 Peds BP Cuff & Stethoscope	
<i>Outside Front Long Pocket*</i>		
<input type="checkbox"/> 1 6.0 Surgical Cric. Kit	<input type="checkbox"/> 1ea King Airway 2/3/4/5	<input type="checkbox"/> 1 Hupp Trach Hook
<input type="checkbox"/> EZ IO Kit	<input type="checkbox"/> 1 LD Needle	<input type="checkbox"/> 2 IO Start Set
<input type="checkbox"/> 1 Intubation Kit – Contents:		
<input type="checkbox"/> 1 60 cc Irrigation Syringe	<input type="checkbox"/> 1 Magill's Forceps	<input type="checkbox"/> 2 Extra "C" Cell Batteries
<input type="checkbox"/> Lubricant Packets	<input type="checkbox"/> 2 14FR Stylettes	<input type="checkbox"/> OPAs (0-6)
<input type="checkbox"/> 2ea 10cc Syringes	<input type="checkbox"/> 1 Laryngoscope Handle	<input type="checkbox"/> 1 Roll Tape
<input type="checkbox"/> 1 NG/OG Tubing	<input type="checkbox"/> 1 ea Miller Blades 1/2/3/4	<input type="checkbox"/> 1 ea Macintosh Blades 1/2/3/4
<input type="checkbox"/> 1 Tube Holder	<input type="checkbox"/> 1 ea Cuffed ET Tubes 5.0/5.5/6.0/6.5 7.0/7.5/8.0/8.5/9.0	
<input type="checkbox"/> 1 Muonium Aspirator		

Trauma Bag

<input type="checkbox"/> 1 BP Cuff & Stethoscope	<input type="checkbox"/> 1 Trauma Scissors	<input type="checkbox"/> 1 Ring Cutter
<input type="checkbox"/> 1 Hand Sanitizer	<input type="checkbox"/> 1 Pocket Mask	<input type="checkbox"/> 1 Set OPAs (0-6)
<input type="checkbox"/> Assorted Large Gloves	<input type="checkbox"/> 2 Cold Pack	<input type="checkbox"/> 2 Hot Pack
<input type="checkbox"/> 10 Triangular Bandages (Cravats)	<input type="checkbox"/> 12 Assorted Roller Gauze	<input type="checkbox"/> Assorted Band-Aids
<input type="checkbox"/> 1 Commercial Tourniquet	<input type="checkbox"/> 24 Assorted 4x4's/5x9's	<input type="checkbox"/> 2 500ml Saline for Irrig.
<input type="checkbox"/> 1 Sterile Burn Sheet	<input type="checkbox"/> 4 Large Trauma Dressing	<input type="checkbox"/> 2 Isothermal Blanket
<input type="checkbox"/> 1 Oral Glucose	<input type="checkbox"/> 4 Tape 1" and 2" rolls	<input type="checkbox"/> 4 Vaseline Gauze
<input type="checkbox"/> NPAs w/ lube (20-36 Fr)	<input type="checkbox"/> 2 Emesis Bags	<input type="checkbox"/> 1 SAM Splint
<input type="checkbox"/> 1 Safety Glasses	<input type="checkbox"/> 2 Surgical Masks	<input type="checkbox"/> 2 Hemostats
<input type="checkbox"/> 4 ACS Chest Seal or Occlusive	<input type="checkbox"/> 1 Penlight	<input type="checkbox"/> 12 Alcohol Preps
<input type="checkbox"/> OB Kit		

Philips Monitor

___ 2 Adult D-Fib Pads
___ 1 Adult N/C w/side stream
___ Asst. Adult Electrodes
___ 1 Extra Monitor Paper
___ 1 Pulse Ox Probe

___ 2 Ped D-Fib Pads
___ 1 Adult Auto B/P Cuff
___ Asst. Ped Electrodes
___ 1 Spare Battery
___ 1 Pulse Ox Adhesive Sensor

___ 1 Capnography Adapter
___ 1 XL Adult Auto B/P Cuff
___ 5 Prep Razors
___ 1 set 12 Lead Cables

Truck Bed

___ 2 Road Signs w/Bases

___ Cooler w/ Ice
