



Daily Check-off Sheet

Unit: _____ Date: ____/____/____ Staff: _____

Ambulance

- Mileage: _____
- Oil Change Due: Y N
- Unit Clean:
 - Inside: Y N
 - Outside: Y N
- Fuel Level: _____
- ____ Map Book
- ____ GPS
- Outside Lights Functional
- Unit Starts
- Siren Operational

Oxygen Supplies

- Main O2: _____
- Adult NRB (4)
- Adult NC (4)
- Oral Airway Set
- Nasal Airway Set
- Nebulizers (2)
- CPAP Kit
- Adult BVM
- Peds BVM
- Infant BVM

Fire/Rescue Equipment

- SCBA (2)
- Haligan Tool
- Axe
- Turnout Gear

IV Supplies

- IV Warmer
- Blood Draw Kits
- Misc. IV Supplies

Drugs

- Orange Box**
- W VEMS# _____
- Seal#: _____
- Expiration: ____/____/____
- Stat Box:**
- W VEMS# _____
- Seal#: _____
- Expiration: ____/____/____
- Outside Drug Box:**
- ASA: _____
- Benadryl: _____
- NTG: _____
- D50: _____
- Haldol: _____
- Oral Glucose: _____
- Zofran: _____
- Lidocaine: _____
- Albuterol: _____
- Solu-Medrol: _____

Immobilization Supplies

- Backboards (2)
- Spider Straps (2)
- C-Collar (2 AD 2 PEDS)
- Tape

EKG/ Monitor Supplies

- Monitor Test Pass? Y N
- Adult Pads (2)
- EXP: _____
- Peds Pads (2)
- EXP: _____
- Extra Battery

Major Medical

- Main Pouch: _____
- Red Pouch: _____
- Yellow Pouch: _____
- Blue Pouch: _____
- Green Pouch: _____
- Black Pouch: _____

Pediatric Bag

- Top Pouch: _____
- R Side Pouch
 - Peds BP Cuff
- L Side Pouch
 - Peds Stethoscope

MISC

- Clipboard
- Information Sheets
- Toughbook
- Camera

Oxygen Caddy

- O2 Level: _____
- Adult NRB
- Adult NC
- Glucometer
- Strips Expire: ____/____
- BP Cuff
- Stethoscope
- Pulse Oximetry