

Jump Bag (Blue Bag). If StatPack, refer to separate checklist.	
Main Inside Compartment	Left Side Pouch
<b>Left Partition</b>	EZ-IO Kit ( <i>Sealed &amp; In Date</i> )
<input type="checkbox"/> (1) Large Adult BP Cuff	<b>Right Side Pouch</b>
<input type="checkbox"/> (1) Pediatric BP Cuff	<input type="checkbox"/> (1) Pulse Oximeter Pouch
<b>Middle Partition</b>	<input type="checkbox"/> (1) Pulse Oximeter
<input type="checkbox"/> (1) Stethoscope	<input type="checkbox"/> (1) Oxicliq/MRX Cable - for Adhesive Sensors
<input type="checkbox"/> (1) Adult BP Cuff	<input type="checkbox"/> (2) Adult OxiClique Sensors
<b>Right Partition</b>	<input type="checkbox"/> (1) Pediatric OxiClique Sensor
<input type="checkbox"/> (1) Adult BVM w/ Mask	<b>Rear Pouch : Intubation Kit</b>
<input type="checkbox"/> (1) Emi Hoop	<b>Left Compartment</b>
<input type="checkbox"/> (1) Biohazard Bag	<input type="checkbox"/> (6) OP Airways
<b>Top Pouch</b>	<input type="checkbox"/> One of Each Color - #6, #7, #8, #9, #10, #11
<input type="checkbox"/> (3) King Airways	<input type="checkbox"/> (3) Miller Blades ( <i>Lights Working</i> )
<input type="checkbox"/> One of Each Size - #3, #4, #5	<input type="checkbox"/> One of Each Size - #2, #3, #4
<input type="checkbox"/> (6) OP Airways	<input type="checkbox"/> (3) Macintosh Blades ( <i>Lights Working</i> )
<input type="checkbox"/> One of Each Color - #6, #7, #8, #9, #10, #11	<input type="checkbox"/> One of Each Size - #2, #3, #4
<input type="checkbox"/> (4) NP Airways	<input type="checkbox"/> (1) NG Tube & Toomey Syringe
<input type="checkbox"/> One of Each Size - #20, #24, #28, #32	<input type="checkbox"/> (1) CombiMask
<input type="checkbox"/> (2) CombiMasks	<b>Center</b>
<input type="checkbox"/> (2) Surgilube Packets	<input type="checkbox"/> (1) Non-Disposable Laryngoscope Handle
<b>Front Pouch</b>	<input type="checkbox"/> (2) Spare Batteries
<input type="checkbox"/> (1) Bottle of Saline ( <i>In Date</i> )	<b>Right Compartment</b>
<input type="checkbox"/> (1) Combat Tourniquet / (1) Celox Gauze	<input type="checkbox"/> (5) ET Tubes ( <i>In Date</i> )
<input type="checkbox"/> (2) Cravats	<input type="checkbox"/> One of Each Size - #6, #6.5, #7, #7.5, #8
<input type="checkbox"/> (1) Trauma Shear	<input type="checkbox"/> (1) Magil Forcep
<input type="checkbox"/> (12) 4x4" Sterile Gauzes	<input type="checkbox"/> (1) Cloth Tape - 1" Roll
<input type="checkbox"/> (2) 4x4" Vaseline Gauzes	<input type="checkbox"/> (2) 10cc Syringes
<input type="checkbox"/> (1) Glucometer Pouch	<input type="checkbox"/> (4) Surgilube Packets
<input type="checkbox"/> (1) Glucometer	<input type="checkbox"/> (6) French Catheters
<input type="checkbox"/> (7) Alcohol Prep Pads [Red]	<input type="checkbox"/> Two of Each Size - #10, #14, #18
<input type="checkbox"/> (7) Lancets	<b>Rear Pouch : Loose Parts</b>
<input type="checkbox"/> (7) 2x2" Sterile Gauzes	<input type="checkbox"/> (1) ET Tube Holder
<input type="checkbox"/> (7) Band-aids	<input type="checkbox"/> (1) Bulb ET Detector
<input type="checkbox"/> (1) Container of Test Strips (>10)	
<input type="checkbox"/> (1) Vial of Test Solution	
<input type="checkbox"/> (2) Oral Glucose Tubes ( <i>In Date</i> )	
<input type="checkbox"/> (2) Tongue Depressors	
<input type="checkbox"/> (1) Roll of 1" Cloth Tape	
<input type="checkbox"/> (4) Roller Gauzes	
<input type="checkbox"/> (1) Box of Insect Swabs ( <i>In Date</i> )	
<input type="checkbox"/> (1) Box of Ammonia Inhalants ( <i>In Date</i> )	
<input type="checkbox"/> (2) Trauma Dressings	

Rolling Door Compartments	
Upper Compartment	
<input type="checkbox"/>	(1) Portable Suction Unit (In Mount and Charging)
<input type="checkbox"/>	(1) Suction Canister w/ Tubing ( <i>Properly Assembled</i> )
<input type="checkbox"/>	(1) Hard Tip Suction Catheter
<input type="checkbox"/>	(1) Portable O2 Caddie
<input type="checkbox"/>	(1) Small/"D" Cylinder, >500psi (_____ psi)
<input type="checkbox"/>	(1) Regulator w/ Green CPAP Pigtail
<input type="checkbox"/>	(1) Adult NRB (Next to Regulator)
<input type="checkbox"/>	(1) Adult NC (Inside Pocket)
<input type="checkbox"/>	(1) Pediatric NRB (Inside Pocket)
<input type="checkbox"/>	(1) Spare Small O2 Cylinder ( <i>Sealed</i> )
<input type="checkbox"/>	<b>Jump Bag &amp; Philips Cardiac Monitor</b>
<input type="checkbox"/>	<b>Lower Compartment</b>
<input type="checkbox"/>	(2) Med Kits ( <i>Sealed &amp; In Date</i> )
<input type="checkbox"/>	(1) Advanced Airway Kit ( <i>Sealed</i> )
<input type="checkbox"/>	(1) TJEMS Drug Box ( <i>Sealed &amp; In Date</i> )

Airway/Breathing/Oxygen	
Airway/Breathing	
<input type="checkbox"/>	(5) ET Tubes ( <i>In Date</i> )
<input type="checkbox"/>	One of Each Size - #6, #6.5, #7, #7.5, #8
<input type="checkbox"/>	(1) NG Tube & Toomey Syringe
<input type="checkbox"/>	(6) French Catheters
<input type="checkbox"/>	Two of Each Size - #10, #14, #18
<input type="checkbox"/>	(1) Adult BVM w/ Mask
<input type="checkbox"/>	(1) Suction Canister w/ Tubing
<input type="checkbox"/>	(2) Hard Tip Catheters
<input type="checkbox"/>	(1) ET CO2 Circuit - Intubated [Cylinder]
<input type="checkbox"/>	(1) ET CO2 Circuit - Non-Intubated [NC]
<input type="checkbox"/>	(1) ET Bulb Detector
<input type="checkbox"/>	(1) ET Tube Holder
<input type="checkbox"/>	<b>Oxygen</b>
<input type="checkbox"/>	(10) Non-rebreather masks (NRBs)
<input type="checkbox"/>	Five of Each Type - Adult, Pediatric
<input type="checkbox"/>	(5) Adult Nasal Cannulas

Medical/Trauma	
<input type="checkbox"/>	<b>Left Tray</b>
<input type="checkbox"/>	(1) Pressure Infuser
<input type="checkbox"/>	(4) Cold Packs [Blue]
<input type="checkbox"/>	(4) Hot Packs [Red]
<input type="checkbox"/>	(12) Roller Gauzes
<input type="checkbox"/>	<b>Right Tray</b>
<input type="checkbox"/>	(10) Cravats
<input type="checkbox"/>	(12) 4x4" Sterile Gauzes
<input type="checkbox"/>	(4) 4x4" Vaseline Gauzes
<input type="checkbox"/>	(4) Bottles of Saline ( <i>In Date</i> )
<input type="checkbox"/>	(4) Trauma Dressings
<input type="checkbox"/>	(1) Box of Band-Aids
<input type="checkbox"/>	(1) Box of Insect Swabs ( <i>In Date</i> )
<input type="checkbox"/>	(1) Box of Ammonia Inhalants ( <i>In Date</i> )
<input type="checkbox"/>	(1) Lactate Meter Pouch (if applicable)
<input type="checkbox"/>	(1) Lactate Meter
<input type="checkbox"/>	(7) Alcohol Prep Pads [Red] & Lancets
<input type="checkbox"/>	(7) Test Strips & Band-aids
<input type="checkbox"/>	(7) 2x2" Sterile Gauzes
<input type="checkbox"/>	<b>Front Tray</b>
<input type="checkbox"/>	(6) Rolls of Tape
<input type="checkbox"/>	Two of Each: 1" & 2" Cloth, 1" Transpore
<input type="checkbox"/>	(2) Oral Glucose Tubes ( <i>In Date</i> )
<input type="checkbox"/>	(2) Tongue Depressors
<input type="checkbox"/>	(1) Trauma Shear
<input type="checkbox"/>	(1) Ring Cutter
<input type="checkbox"/>	(1) Penlight

Philips Cardiac Monitor	
Left Compartment	Rear Compartment
<b>Side Pocket</b>	5-Lead Cable (Attached)
<input type="checkbox"/> (1) Adult BP Cuff (Attached)	V-Lead Cable (Unattached)
<input type="checkbox"/> (1) Pulse Ox Finger Sensor (Attached)	(4) 5-Pack Adult Electrodes
<input type="checkbox"/> (1) Roll of Printer Paper	(2) 5-Pack Pediatric Electrodes
<input type="checkbox"/> (1) Large BP Cuff	(2) Razors
<input type="checkbox"/> (1) Pediatric BP Cuff	(8) Electrode Skin Prep Pads [Blue]
<input type="checkbox"/> (1) Oxicliq/MRX Cable - for Adhesive Sensors	<b>Monitor</b>
<input type="checkbox"/> (1) Adult OxiClique Sensor	Printer Paper (Loaded & Functional)
<input type="checkbox"/> (1) Pediatric OxiClique Sensor	Battery A, >3 Green Dots
<b>Top Flap</b>	Battery B, >3 Green Dots
<input type="checkbox"/> (1) ET CO2 Circuit - Intubated [Cylinder]	<b>AED</b>
<input type="checkbox"/> (1) ET CO2 Circuit - Non-Intubated [NC]	Load Check @ 150J: _____ Joules ***
<b>Right Compartment</b>	Acceptable range is 135 to 165J, or +/-10% energy selected.
<input type="checkbox"/> (1) Defib Pad Cable	<b>Cellular Connection Device</b>
<input type="checkbox"/> (2) Multifunction Pad Pkgs - Ad/Peds ( <i>In Date</i> )	Plugged In, Charged, & Turned On

Gatec Laptop	
<input type="checkbox"/> Present	<input type="checkbox"/> Decon w/ Disinfectant Wipe
<input type="checkbox"/> Plugged In & Charging in Mount	<input type="checkbox"/> Field Bridge Sync'ed (Before & After Logging In)
<input type="checkbox"/> Properly Secured in Mount	<input type="checkbox"/> Logged In w/ On-Duty Crew Member Account
<input type="checkbox"/> Watertight Doors Closed	<input type="checkbox"/> Changed the Crew Members Listed

OB/Pediatric	
<input type="checkbox"/>	(2) OB Kits
<input type="checkbox"/>	(1) Pediatric ALS Kit (Sealed)
<input type="checkbox"/>	(2) Rescue Bears/Toys

Linens	
<input type="checkbox"/>	(4) Blankets
<input type="checkbox"/>	(4) Sheets
<input type="checkbox"/>	(4) Towels and/or Wash Cloths
<input type="checkbox"/>	(2) Pillow w/ Pillow Case

Misc	
<input type="checkbox"/>	(2) Body Bags
<input type="checkbox"/>	(2) MCI (Israeli) Fanny Packs
<input type="checkbox"/>	(1) Misc Bag for OEMS Reqt (Vacuum Sealed)
<input type="checkbox"/>	(1) Bag of Canine NRBs

Back Wall	
<input type="checkbox"/>	(>1) Box Light (May be in Misc. compartment)

Decon/Burn/Fire/PPE	
<b>Fire/PPE</b>	
<input type="checkbox"/>	(4) Personal Protection Kits
<input type="checkbox"/>	(2) CombiMasks
<input type="checkbox"/>	(2) Emi Hoops
<input type="checkbox"/>	(4) Biohazard Bags
<b>Decon/Burn</b>	
<input type="checkbox"/>	(2) Bottles of Hand Sanitizer
<input type="checkbox"/>	(10) Large Disinfectant Wipes
<input type="checkbox"/>	(1) Bottle of Disinfectant Wipes
<input type="checkbox"/>	(4) Flu Masks

Gloves (Above Bench)	
<input type="checkbox"/>	(4) Box of Gloves
<input type="checkbox"/>	One of Each Size - Sm, Med, Lg, X-Lg

Under Bench	
<input type="checkbox"/>	(1) Adult Hare Traction Splint
<input type="checkbox"/>	(1) Pediatric Hare Traction Splint
<input type="checkbox"/>	(6) Cardboard Splints
<input type="checkbox"/>	Two of Each Size - Sm, Med, Lg
<input type="checkbox"/>	(1) PediMate

Pass Thru Area	
<input type="checkbox"/>	(2) Scene Vests
<input type="checkbox"/>	(1) Fire Extinguisher (Needle in Green)

Under Captain's Chair	
<input type="checkbox"/>	(1) Bedpan
<input type="checkbox"/>	(1) Urinal
<input type="checkbox"/>	(1) Box of Kleenex
<input type="checkbox"/>	(1) Toilet Paper

Cot	
<input type="checkbox"/>	(1) Pillow w/ Pillow Case
<input type="checkbox"/>	(2) Sheets
<input type="checkbox"/>	(1) Blanket
<input type="checkbox"/>	(1) Towel and/or Wash Cloth
<input type="checkbox"/>	If PowerCot, Charged and Operational
<input type="checkbox"/>	If PowerLoad, Fully Operational

Truck Oxygen	
<input type="checkbox"/>	(1) Large/"M" Cylinder, >500psi (_____ psi)
<input type="checkbox"/>	(1) Fire Extinguisher (Needle in Green)

Mechanical	
<input type="checkbox"/>	(1) Jumper Cables
<input type="checkbox"/>	(1) Tool Box

KED/Stair Chair/MCI/PPE	
<input type="checkbox"/>	(1) Bolt Cutter *
<input type="checkbox"/>	(1) Halligan *
<input type="checkbox"/>	(1) Flat Head Axe *
<input type="checkbox"/>	(1) Glass Master *
<input type="checkbox"/>	(1) Roll of Yellow Scene Tape *
<input type="checkbox"/>	(1) MCI Bag
<input type="checkbox"/>	(1) PPE Bag
<input type="checkbox"/>	(1) Water Rescue Bag
<input type="checkbox"/>	(1) KED
<input type="checkbox"/>	(1) Pediatric Immobilizer
<input type="checkbox"/>	(1) Stair Chair
<input type="checkbox"/>	(4) Step Chocks *
<input type="checkbox"/>	(3) Flares (On Door) *

Backboards & Stretchers	
<input type="checkbox"/>	(2) Backboards
<input type="checkbox"/>	(1) Reeves Stretcher
<input type="checkbox"/>	(1) Scoop Stretcher

Immobilization Bag	
<input type="checkbox"/>	(2) Spider Straps
<input type="checkbox"/>	(4) Headblocks
<input type="checkbox"/>	(2) Rolls of 2" Cloth Tape
<input type="checkbox"/>	Adjustable Neck Collars
<input type="checkbox"/>	(3) Pediatric
<input type="checkbox"/>	(3) Adult

Step Stool Cubbie	
(140 / 141 / 143 / 144 / 146 / 147 ONLY)	
<input type="checkbox"/>	(1) Step Stool

Decontamination	
<b>Cab</b>	
<input type="checkbox"/>	Decon Clipboard
<input type="checkbox"/>	Decon Inside Door & Door Handles
<input type="checkbox"/>	Decon Steering Wheel
<input type="checkbox"/>	Decon Radios/Mics, Switches, etc.
<input type="checkbox"/>	Decon iPad (w/ Disinfectant Wipe)
<b>Box</b>	
<input type="checkbox"/>	Decon Cot
<input type="checkbox"/>	Decon Bench Seats (Top & Side)
<input type="checkbox"/>	Decon Captain's Chair
<input type="checkbox"/>	Decon Action Area
<input type="checkbox"/>	Decon O2 Flow Meters, Radio Mics, Etc.
<input type="checkbox"/>	Decon Rollup Doors and Handles
<input type="checkbox"/>	Decon Hand/Grab Rails (including Overhead)
<input type="checkbox"/>	Decon Ceiling
<input type="checkbox"/>	Sweep/Mop Floor
<input type="checkbox"/>	Empty Trash
<input type="checkbox"/>	Inspect Sharps Container & Replace if necessary

\*\* Submit Apparatus Report for any issues found.

\*\*\* Record Defibrillation Joules at 150J Setting. DO NOT attach printed strip.

**Charlottesville-Albemarle Rescue Squad**  
828 McIntire Rd Charlottesville, VA 22902

Cab	
<b>Driver Side Door</b>	
<input type="checkbox"/>	(1) Scene Vest
<input type="checkbox"/>	(1) Bottle of Hand Sanitizer
<input type="checkbox"/>	(1) Binoculars
<input type="checkbox"/>	(1) Emergency Response Guide [Orange]
<b>Center Console</b>	
<input type="checkbox"/>	MDT Computer
<input type="checkbox"/>	Computer Running and Charging in Mount
<input type="checkbox"/>	VPN and FireMobile Logged In and Running
<input type="checkbox"/>	(1) Clipboard
<input type="checkbox"/>	(>10) Call Sheets
<input type="checkbox"/>	(2) Code Summary Sheets
<input type="checkbox"/>	(2) Airway Documents
<input type="checkbox"/>	(1) CARS Mapbook (A-L)
<input type="checkbox"/>	(1) CARS Mapbook (M-Z)
<b>Passenger Glove Box</b>	
<input type="checkbox"/>	(1) Triage Kit w/ Ribbons & Tags
<input type="checkbox"/>	(1) Black Case with Vehicle Registration
<input type="checkbox"/>	(5) Paper Call Sheets (With Carbon Copy)
<b>Passenger Side Door</b>	
<input type="checkbox"/>	(1) Scene Vest
<input type="checkbox"/>	(1) Bottle of Hand Sanitizer

Vehicle Lights	
<input type="checkbox"/>	Check Emergency Lights
<input type="checkbox"/>	Check Scene Lights
<input type="checkbox"/>	Check Head Lights (High & Low Beams)
<input type="checkbox"/>	Check Marker/Running Lights
<input type="checkbox"/>	Check Turn Signals
<input type="checkbox"/>	Check Brake Lights
<input type="checkbox"/>	Check Backup (Reverse) Lights

Vehicle Fluids	
<input type="checkbox"/>	Check Fuel (>3/4 Tank)
<input type="checkbox"/>	Check Oil (Dipstick)
<input type="checkbox"/>	Check Transmission Fluid (Dipstick)
<input type="checkbox"/>	Check Washer Fluid [Blue]
<input type="checkbox"/>	Check Radiator Coolant [Green]
<input type="checkbox"/>	Check Power Steering Fluid

<b>Date:</b>	
<b>Shift:</b>	<b>Unit:</b>
<b>Crew Members:</b>	
AIC-	
Driver-	
3rd Member-	
4th Member-	
<b>Notes:</b>	
<b>Odometer</b>	
_____	
<b>Advanced Airway Kit</b>	
Seal # _____	
<b>TJEMS Drug Box</b>	
Box C _____, Seal # _____	

Revision Date: March 2019