

AID UNIT EQUIPMENT DAILY CHECK FORM

Date: _____ Aid # _____ Odometer: _____

<<<<< 8:00 MORNING CHECK >>>>>

F/F NAME: _____ F/F NAME: _____

DAILY

- | | |
|--|--|
| <input type="checkbox"/> lights and radios
<input type="checkbox"/> fuel, oil and coolant levels
<input type="checkbox"/> inspect tires
<input type="checkbox"/> emergency room card
<input type="checkbox"/> fuel card
<input type="checkbox"/> aid unit adequately clean/stocked <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> system O2 > 500 psi
<input type="checkbox"/> portable O2 > 500 psi
<input type="checkbox"/> spare O2 (full) | <input type="checkbox"/> medical kit
<input type="checkbox"/> airway kit
<input type="checkbox"/> portable suction
<input type="checkbox"/> aed
<input type="checkbox"/> sao2/etco2 monitor and probes
<input type="checkbox"/> vehicle supplies
<input type="checkbox"/> spare full body vacuum splint at assigned station
<input type="checkbox"/> glucometer
<input type="checkbox"/> thermometer |
|--|--|

EVERY FRIDAY

EVERY FRIDAY

- | | |
|--|---|
| <input type="checkbox"/> charge airway suction unit
<input type="checkbox"/> jaws (start & check fluid level)
<input type="checkbox"/> check odometer & recommended oil change tag | <input type="checkbox"/> battery, water level
<input type="checkbox"/> air conditioning box area (run for 5 minutes) |
|--|---|

<<<<< EQUIPMENT STATUS POST RUN >>>>>

OK all equipment accounted for LS left at scene LH left at hospital MI missing (unknown location) MP missing from preceding shift RA removed to another aid unit AA added to aid unit RR removed for repair OT other	2 - KTD 1 - KED 2 - BACK BOARDS 2 - SPIDER STRAPS 1 - SCOOP BACK BOARD 1 - AED 1 - MEDICAL KIT 1 - AIRWAY KIT	1 - PORTABLE O2 1 - SPARE O2 1 - BENCH BP CUFF 1 - BENCH STETHOSCOPE 1 - SAO2 MONITOR 1 - THERMOMETER (med box) C-COLLARS AND HEAD-BEDS
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INCIDENT #	CODE	LIST EQUIPMENT	EMP #
start of shift			
1.			
2.			
3.			
4.			
5.			
6.			

INCIDENT #	CODE	LIST EQUIPMENT	EMP #
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			