

ST. TAMMANY FIRE PROTECTION DISTRICT 11

Daily Apparatus Check & Inventory List for Medic 112

Apparatus Operator / # :				Date :		Day of Week :	
Officer in Charge / # :				Odometer :		Engine Hours :	
Engine & Cab		<input type="checkbox"/> Ignition Starts & Runs		<input type="checkbox"/> Dash Guages Working		<input type="checkbox"/> Cab Lights	
		Fuel 1/4 1/2 3/4 Full					
<input type="checkbox"/> Engine Oil		<input type="checkbox"/> Trans Fluid		<input type="checkbox"/> Radiator Fluid		<input type="checkbox"/> Steering Fluid	
<input type="checkbox"/> WMD Book		<input type="checkbox"/> Belts		<input type="checkbox"/> Handbroom		<input type="checkbox"/> Remote Control	
<input type="checkbox"/> Parish Map Book		<input type="checkbox"/> Local Map		<input type="checkbox"/> Cellphone & Charger		<input type="checkbox"/> Mobile Radio/Working	
<input type="checkbox"/> Clipboard w/10 packets		<input type="checkbox"/> Fire Ext.		<input type="checkbox"/> ERG Terrorism		<input type="checkbox"/> ERG Haz-Mat	
		<input type="checkbox"/> Safety Vests (2)		<input type="checkbox"/> Portable Radio/Working		<input type="checkbox"/> Registration/Insurance	
Exterior Lights		<input type="checkbox"/> Head Lights Low Beam		<input type="checkbox"/> Head Lights High Beams		<input type="checkbox"/> Marker Lights	
<input type="checkbox"/> Right Turn		<input type="checkbox"/> Left Turn		<input type="checkbox"/> Tail Lights		<input type="checkbox"/> Brake Lights	
<input type="checkbox"/> Scene Lights		<input type="checkbox"/> DOT Lights		<input type="checkbox"/> Siren and Air Horns		<input type="checkbox"/> Horn	
Compartment 1		<input type="checkbox"/> Main O2 w/ Min. 700 psi.		<input type="checkbox"/> Full Spare Port. O2		<input type="checkbox"/> Broom & Mop	
<input type="checkbox"/> O2 Wrench		<input type="checkbox"/> Long Spine Boards 4 min.		<input type="checkbox"/> Bucket & Cleaning Supplies		<input type="checkbox"/> Long Attic Hook	
Compartment 2		<input type="checkbox"/> Water Cooler(Filled Daily)		<input type="checkbox"/> Box of Sqwinchers		<input type="checkbox"/> Cups	
<input type="checkbox"/> 2 Tyvek Suits		<input type="checkbox"/> 2 Pair Work Gloves		<input type="checkbox"/> Jumper Cables		<input type="checkbox"/> Hydrant Key	
<input type="checkbox"/> Reflective Triangles		<input type="checkbox"/> Tool Bag(Various tools)		<input type="checkbox"/> Pry Bar		<input type="checkbox"/> Mallet	
		<input type="checkbox"/> Spinal Care Kit (Sealed)		<input type="checkbox"/> Extra C-Collars(5 each)		<input type="checkbox"/> Extra CID's (4 each)	
<input type="checkbox"/> 6' LBB Straps 12 min.		<input type="checkbox"/> 2 Full BSI Kits		<input type="checkbox"/> Emerg. Blankets 2 Min.		<input type="checkbox"/> Spare Flat Sheets 4	
		<input type="checkbox"/> Stair Chair		<input type="checkbox"/> Folding Stretcher		<input type="checkbox"/> Absorbant, Bucket, & Pads	
		<input type="checkbox"/> ALS Kit (Sealed)		<input type="checkbox"/> BLS Kit (Sealed)		<input type="checkbox"/> Extra Cleaning Supplies	
<input type="checkbox"/> Red Bags min. 4 ea.		<input type="checkbox"/> Fire Extinguisher		<input type="checkbox"/> PASG		<input type="checkbox"/> Carry/Transfer Tarp	
Patient Compartment		<input type="checkbox"/> EKG Powers on & Daily Test		<input type="checkbox"/> Main Suction Working/Tested min 500mmHg 6 sec.			
<input type="checkbox"/> Port. Suction Working/Tested		<input type="checkbox"/> Compartment Lights Working High/Low		<input type="checkbox"/> Stretcher w/straps & Charged battery			
<input type="checkbox"/> Portable O2 min 300 psi		<input type="checkbox"/> BP Cuff/Stethoscope		<input type="checkbox"/> Digital Thermometer		<input type="checkbox"/> Portable Pulse Ox	
<input type="checkbox"/> IV Start Box		<input type="checkbox"/> ALS Field Guide		<input type="checkbox"/> Pen Light		<input type="checkbox"/> Trauma Shears	
<input type="checkbox"/> SCBA - psi		<input type="checkbox"/> SCBA Mask		<input type="checkbox"/> Paper Towels		<input type="checkbox"/> Hand Sanitizer/Disinfectant Wipes	
		<input type="checkbox"/> Sharps Container		<input type="checkbox"/> Main O2 Regulators 3			
SCBA Pack and PASS Device							
Pack Number	Pressure	Condition	PASS Working	PASS Condition	Space SCBA Bottle #	Pressure	Condition
Beach Seat Comp.		<input type="checkbox"/> KEDs 2					
		<input type="checkbox"/> BP Cuff Kit					
Sealed Cabinets - Sealed by #							
Cabinet 1	Cabinet 2	Cabinet 3	Cabinet 4	Cabinet 5	Cabinet 6	Cabinet 7	Cabinet 8
Cabinet 10		<input type="checkbox"/> Adult Traction Splints 2		<input type="checkbox"/> Pedi. Traction Splint		<input type="checkbox"/> Cardboard Splints 3ea.(S-M-L)	
		<input type="checkbox"/> Sam Splints 4					
		<input type="checkbox"/> Padded Splints 3 ea.(S-M-L)					
Sealed Kits - Sealed by # and Date							
ALS Kit		Spinal Care Kit			BLS Kit		
Seal By	Date	Seal By	Date	Seal By	Date	Seal By	Date
EKG		<input type="checkbox"/> Powers On		<input type="checkbox"/> Daily test		<input type="checkbox"/> 4 Leads	
<input type="checkbox"/> Electrodes		<input type="checkbox"/> Adults Combi Pads 2		<input type="checkbox"/> Pedi. Combi Pads 2		<input type="checkbox"/> Spare Battery	
		<input type="checkbox"/> Spare Paper		<input type="checkbox"/> Shaving Tool			
Tire and Pressure Check - Saturdays							
	Front Driver	Front Passenger	Rear Driver Outside	Rear Driver Inside	Rear Pass. Outside	Rear Pass. Inside	
Pressure							
Condition							

