

	PRESENT AND OPERATING	DEFICIENT	CORRECTED
Nasopharyngeal (5 different Sizes)			
Size 16 (1)			
Size 24 (1)			
Size 26 (1)			
Size 32 (1)			
Size 34 (1)			
Lubrication (2cc or Larger tube) sterile water soluble (2)			
Portable O2 flow meter 0-25 lpm (1)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen with a min. tank capacity of 300 liters and min. of 500 PSI (1)			
Full Spare O2 cylinder (Min. 300 liters) (1)			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Mask (1)			
Pediatric High Concentration Mask (1)			
Infant High Concentration Mask (1)			
Adult Bag Valve Mask Device (700cc) (1)			
Pediatric Bag Valve Mask Device (450cc) (1)			
Adult Mask (1)			
Child Mask (1)			
Infant Mask (1)			
Neonatal Mask (1)			
Sphygmomanometer (interchangeable gauges are permitted)			
Child Cuff (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Penlight (1)			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (4" x 4") (25)			
Soft Self Adhering Gauze (6 rolls)			
Sterile Burn Sheets (4' x 4') (2)			
Triangular Bandages (8)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)			
Bandage Shears (1)			
Commercial "Tactical" Tourniquet (2)			
Rigid/Semi Rigid Neck Immobilizers - Small or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Medium or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Large or Multi Size (1)			
Rigid/Semi Rigid Neck Immobilizers - Peds or Multi Size (1)			
Straps 9' (5) (May sub spider straps or speed clips for 3)			
Pediatric Equipment/Dosing Sizing Tape (Current) (1)			
Sterile Water/Normal Saline - 2 liters			
Cold Packs, Chemical (4)			
Heat Packs, Chemical (4)			
Sterile OB Kit (2)			
Separate Bulb Syringe (1) Sterile			
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			
Blankets (2)			
Emergency ALS Jump Kit (1)			

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Thermometer (1) electronic digital non-tympanic grade substitute)			
Pulse Oximetry			
Non-surgical Alternative/Rescue Airways - Either (3) Kings (size 3,4,5) or (2) Combitubes (small & adult - 1 each) or (3) i-gel (size 2, 3, 4)			
Nebulizer System (1)			
Sponges/Preps/Wipes-Alcohol (10)			
Electronic Glucose Meter (1)			
IV Therapy Supplies:			
Catheters Over the Needle:			
14 gauge (4)			
16 gauge (4)			
18 gauge (4)			
20 gauge (4)			
22 gauge (4)			
24 gauge (2)			
IV Administration Supplies:			
Macro drip (10-20 drops/ml) (2)			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Aspirin (81 mg)			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Epinephrine (1:1,000)			
Glucagon			
Naloxone			
Nitroglycerine-Sublingual			
IV Solutions (2000 ml total)			
Hypodermic Needles:(must be sterile & indiv. wrapped)			
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Syringes (2 with at least one being 1 mL volume)			
Defibrillator/Monitor			
12 Lead			
Transmit Capabilities			
Adult Defibrillator Pads (1)			
Pediatric Defibrillator Pads (1)			
Electrodes, ECG (Adult) (12)			
Electrodes, ECG (Pediatric) (12)			
Electronic Waveform Capnography (1)			
AED (required if unable to utilize defibrillator mode)			
Hand light (2)			
Hazard Warning Device (3)			
High-visibility safety apparel (1/crew member)			
Helmet (1 per crew member)			
Gloves (leather) (1 pair per crew member)			
Eye Protection - Goggles (1 pair per crew member)			
Regional Approved Triage Tags (20)			
DOT Emergency Response Guide (1) - Current Edition			

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PERSONAL INFECTION CONTROL KIT			
Eye Protection*			
Gown/Coat*			
Surgical Cap*			
Foot Coverings*			
Exam Gloves*			
Sharps Container - per infectious control plan			
Red Bags - per infectious control plan			
N-95 Respirator Mask*			
Hand Disinfectant - Non-water (1 container)			
* Disposable - one set/pair per responding crewmember			
Was a deficiency notification issued for this vehicle?			
Is a copy of the deficiency notification attached to this form? *			
Is a reinspection required?			
Electronic Deficiency Form Completed			
Digital Images Captured			
Vehicle Placed Out of Service (Per I.B. 2013-001)			
** All deficiencies are required to be documented on approved form and submitted with this form.			
Inspected By: _____ (Printed Name)			
Signature: _____ Date Forwarded to BEMS: _____			

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