

UNIT 99-1

AXTELL VOLUNTEER FIRE & RESCUE INSPECTION / INVENTORY

- X** - Item Present and Sufficient
O - Item Absent or Deficient

UNIT PASSED: _____
UNIT DEFICIENT: _____

CABINET #1

- 2 Blankets _____
- 2 Sheets _____
- 2 Pillow Cases _____
- 1 Pillow _____
- 2 Towel _____
- 4 Wash Cloth _____

CABINET #2

- 2 Infant BVM _____
Animals _____
- 2 Infant Oxygen Mask _____
- 3 Infant Nasal Cannula _____
- 1 OB Kit _____
- 1 Sterile Aluminum Foil _____
- 1 Eye Kit _____

CABINET #3

Shelf #1:

- 5 Hot Packs _____
- 5 Cold Packs _____
- 2 Paper Surgical Tape _____
- 2 Cloth Surgical Tape _____
- 2 Transparent Tape _____
- 1 Waterproof Tape _____
- 1 2.5" Waterproof Tape _____
- 6 Triangle Bandage _____

Shelf #2:

- 2 Sterile Burn Sheet _____
12"x30" Trauma Dressing _____
- 1bx 4"x4" Gauze _____
- 3 2" Roll Gauze _____
- 3 3" Roll Gauze _____
- 2 4" Kerlix _____
- 2 2" Kerlix _____
- 1 Rescue Blanket _____

Shelf #3:

- 10 2"x2" Gauze Pads _____
- 6 Abdominal Pads _____
- 1bx 5"x9" Surgipads _____
- 1bx Occlusive Dressing _____
- 1bx Oval Eye Pad _____

CABINET #4

- 1 IV Kit _____
 - 1 Transparent Tape _____
 - 2 Start Kit _____
 - 1 Saline Flush _____
Expiration: _____
 - 3 18 ga. Angiocath _____
 - 3 20 ga. Angiocath _____
 - 3 22 ga. Angiocath _____
 - 3 24 ga. Angiocath _____
 - 2 Normal Saline _____
Expiration: _____
Expiration: _____
 - 2 Tubing _____
 - 2 Extension Kit _____
 - 2 Lock Adaptor _____
- 1bsk Extra IV Supplies _____
- 2 Y-Type Blood / Solution Set _____

CABINET #4 (continued)

- 1 Normal Saline _____
Expiration: _____
- 1bx Band-aids _____
- Nail Polish Remover Pad _____
- 1bx Alcohol Wipe _____
- 1 Personal Protection Kit _____
- 2 Goggles _____
- 3 Particulate Mask _____
- 4 Surgical Mask _____

CABINET #5

- 3 Sterile Water Cbom _____
Expiration: _____
Expiration: _____
Expiration: _____
- 5set Restraint _____
- 1 Isopropyl Alcohol _____

CABINET #6

- 2 Combitube _____
- 2 Pediatric BVM _____
- 1 Adult BVM _____
- 2 CPR Pocket Mask _____
- 2set Oral Airway _____
- 1bx Lubricating Gel _____
- 2 Carbon Dioxide Detector _____
Expiration: _____
Expiration: _____
- 2 Suction Tubing _____
- 2 Soft Suction Catheter _____
- Miscellaneous Suction Connectors _____
- Nasal Airways _____

CABINET #7

- 1 Pediatric Jump Kit _____
- 3 Pediatric Nasal Cannula _____
- 3 Pediatric NonRebreather _____
- 2 Adult Nebulizer Mask _____
- 2 Pedi Nebulizer Mask _____
- 1 Pedi Dragon Mask _____
- 2 MicroMist Nebulizer _____
- 2 Duo Neb Ampules _____
Expiration: _____
Expiration: _____

CABINET #8

- 3 Adult NonRebreather _____
- 3 Adult Nasal Cannula _____
- 1 Tympanic Thermometer _____
- 1bx ThermoScan Covers _____
- 1btl 81 mg Aspirin _____
Expiration: _____
- 1 Adult Epi Pen _____
Expiration: _____
- 1 Pedi Epi Pen _____
Expiration: _____
- 1 Basal Thermometer _____
- 2 Tweezers _____
- 1bx Antiseptic Towelettes _____
- 2 Foam Disinfectant _____

SHELF BELOW CABINET #8

- 1 Bite Stick _____
- 2 Adult Oxygen Mask _____
- In-House Suction _____
Turn On & Test _____
- 2 Stethoscope _____
- Multi Size BP Cuffs & Gauge _____
- Basket**
- 2 Trauma Shears _____
- 1 Vicks _____
- 1 Tourniquet _____
- Miscellaneous Pens _____
- 1 EMS Field Guide _____
- 1 EMS Report Form _____
- 1 Pen Light _____
- Spanish Translation Sheet _____
- 1bx Kleenex _____
- 1 Headset _____
- 1 In-House Oxygen _____
Amount In Tank (change if <500) _____
- 1 IV Warmer with Saline Solution _____
Expiration: _____

CABINET #9

- Portable Suction _____
- Turn On & Test _____
- AED _____
- Run Self Test _____
- 2 Disposable Razor _____
- 2 Red Dot Electrodes _____
- 1pkg Adult Defib Pads _____
- 1pkg Pedi Defib Pads _____
- Basket Extra AED Supplies**
- 1 Extra Battery _____
- 2 Disposable Razors _____
- 1pkg Adult Defib Pads _____
- 1pkg Red Dot Electrodes _____
- Personal Belongings Bag _____

CABINET #10

- Stiff Neck C Collar Bag**
- 2 Baby No Neck _____
- 2 Pediatric _____
- 2 Adult No Neck _____
- 3 Adult Short _____
- 3 Adult Regular _____
- 3 Adult Tall _____
- 1 Adult Vacuum Mattress _____
- Vacuum Splint Bag**
- 1 Pump _____
- 1 Small Splint _____
- 1 Medium Splint _____
- 1 Large Splint _____

BENCH

- 2 Spare Oxygen Tank _____
- 1 Auto Vital Sign Monitor _____
- 1 Multi-Cuff BP System _____

UNIT 99-1

AXTELL VOLUNTEER FIRE & RESCUE INSPECTION / INVENTORY

CABINET #11

- 1 Headset _____
- Dry Erase Markers & Eraser _____
- 6 Goggles _____
- 4 Drinking Water _____
- 3 Paper Gowns _____
- Fire Rehab Supplies:**
- 1bx Granola Bars _____
- Soda and/or Gatorade _____

CABINET #12

- 1bx Narsis Forms _____
- 1roll Paper Towels _____
- Small Biohazard Bags _____
- Large Biohazard Bags _____
- 1 Urinal _____
- 2 Bed Pan _____
- 1 Whisk Broom _____
- Emesis Basins _____
- 3set Stethoscope Ear Pieces _____

JUMP KIT

Main Compartment

- 1 Oxygen Tank _____
- Amount In Tank (change if <500) _____
- 1 Oxygen Sensor _____
- Turn On & Test _____
- 6 AA Batteries _____
- 1 Ear Clip _____
- 1 Finger Clip _____
- Nail Polish Remover Pad _____
- 1 Trauma Dressing _____
- 1 Sterile Burn Sheet _____
- 2 Adult NonRebreather _____
- 2 Nasal Canula _____
- 1 Trauma Shears _____
- 1 MagLight _____
- 1btl 81 mg Aspirin _____
- Expiration: _____
- 1 Sensi-Wrap _____
- 2 Triangle Bandage _____
- 1 EMS Field Guide _____
- 1 Eye Wash _____

Lid Compartment

- 3 High-Efficiency Respirators _____
- 1 Goggles _____
- 2 Hot Packs _____
- 2 Cold Packs _____

Red Compartment

- 1 Adult BVM _____
- 1 Adult Regular Combitube _____
- 1 Adult Small Combitube _____
- 1 Vicks _____
- Lubricant _____

Green Compartment

- 1 BP Cuff _____
- 1 Stethoscope _____
- 1 Digital Thermometer _____
- 1bx Thermometer Covers _____

JUMP KIT (continued)

Yellow Compartment

- 1 Glucometer _____
- Check Batteries: _____
- 1bx Glucometer Strips _____
- Expiration: _____
- 1 Sharps Container _____
- 2 Oral Glucose _____
- Expiration: _____
- Expiration: _____
- Alcohol Wipes _____
- Lancets _____
- 2 Extra AAA Batteries _____

Orange Compartment

- 1 Trauma Shears _____
- 1 Bandage Scissors _____
- 1 Ring Cutter _____
- 6 Occlusive Dressing _____
- 6 5"x9" Surgipads _____
- 10 4"x4" Gauze _____
- 3 2"x2" Gauze Pads _____
- 1 3" Roll Gauze _____
- 1 2" Roll Gauze _____
- 3 Bandaids _____
- 1 Waterproof Tape _____
- 1 Transparent Tape _____
- 1 Paper Tape _____

Blue Compartment

- Assorted Nasal Airways _____
- Assorted Oral Airways _____

OUTSIDE RIGHT REAR TALL COMPARTMENT

- 1 Stair Chair _____
- 2 Backboards _____
- 2set Head Blocks _____
- 1 KED _____
- 1 Scoop Stretcher _____
- 1 Pediatric Backboard _____
- 1 Sager Splint _____
- 2 Towel Rolls _____

OUTSIDE RIGHT FRONT SMALL COMPARTMENT

- 2 Full Face Respirators _____
- 2 Air Purifying Cartridges _____
- 1 Triage Kit _____

OUTSIDE LEFT REAR DOUBLE COMPARTMENT

- Top Shelf _____
- Ice Rescue Bag #1 _____
- Bottom Shelf _____
- 3 Folding Chairs _____
- 1 Tow Chain _____

OUTSIDE LEFT TOOL COMPARTMENT

- 1 Tow Strap _____
- 1pr Gloves _____
- 1roll Duct Tape _____
- 1 Flashlight _____
- 1 Lug Wrench _____

OUTSIDE LEFT TOOL COMP. (continued)

- 1 Hooligan Tool _____
- 1 Bolt Cutters _____
- 1 Pry Bar _____
- 1 Chisel _____
- 1 Hammer _____
- 1 Wire Cutters _____
- 1 Vice Grips _____
- 1 Hacksaw with Blade _____
- 1 Crescent Wrench – Small _____
- 1 Crescent Wrench – Large _____
- 1 Pliers _____
- 1 Glass Saw _____
- 1 Channel Locks _____
- 1 Screwdriver – Flat _____
- 1 Screwdriver – Phillips _____
- 1 Oxygen Tank Wrench _____
- 4 Warning Lights (In Case) _____

OUTSIDE LEFT FRONT SMALL COMPARTMENT

- 1 Cot Blanket _____
- Miscellaneous Blankets _____
- Drinking Water _____
- 5 Gallon Decontamination Water _____
- 1 Heavy Duty Extension Cord _____
- 1 Mega Mover & Straps – Large _____
- Disposable Pads _____
- 1 Decontamination Kit _____

OUTSIDE HOUSE OXYGEN COMPARTMENT

- 1 Fire Extinguisher _____
- 1 Ice Rescue Board _____

DRIVER COMPARTMENT

- 1 Map Book / Protocols _____
- 1bx Medium Gloves _____
- 1bx Large Gloves _____
- 1bx X-Large Gloves _____
- Bug Spray _____

VEHICLE CONDITION

- Oil Level _____
- Radiator Water Level _____
- Transmission Fluid Level _____
- Power Steering Fluid Level _____
- Windshield Fluid Level _____
- Fuel Level _____
- Exterior Lights _____
- Interior Lights _____
- Emergency Lights _____
- Two-Way Radio _____
- Siren / Horn _____
- Tires (Inflation / Wear) _____
- Audible Back Warning Device _____
- Start & Road Test Vehicle _____
- Vehicle Clean & Washed _____
- Interior _____
- Exterior _____

Inspected By (Sign) _____

Date _____

REMARKS _____

