

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 _____

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: _____
- 2set Restraint _____

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 _____
- 1 Tweezers _____
- 1bx Antiseptic Towelettes _____
- 2 Foam Disinfectant _____

SHELF BELOW CABINET #8

- 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) _____

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 _____

CABINET #11

- 1 Headset _____
Dry Erase Markers & Eraser _____
- 6 Goggles _____
- 4 Drinking Water _____

UNIT 99-1

AXTELL VOLUNTEER FIRE & RESCUE INSPECTION / INVENTORY

CABINET #11 (continued)

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 _____

Yellow Compartment

1 Glucometer _____
 Check Batteries: _____

JUMP KIT (continued)

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 _____
 1 Hooligan Tool _____
 1 Bolt Cutters _____

OUTSIDE LEFT TOOL COMP. (continued)

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 – Small _____
 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 _____

