



# Davidson County Emergency Services



## FRONT CHECKOFF

- |  |  |
|--|--|
| <input type="checkbox"/> HOUR METER READING _____            | <input type="checkbox"/> FIRE EXTINGUISHER (CHECK GAUGE)               |
| <input type="checkbox"/> STARTING MILEAGE _____              | <input type="checkbox"/> RADIO CHECK                                   |
| <input type="checkbox"/> ARE BRAKES WORKING PROPERLY?        | <input type="checkbox"/> IS MOTOR OIL LEVEL PROPER?                    |
| <input type="checkbox"/> DOES PARKING BRAKE WORK PROPERLY?   | <input type="checkbox"/> AMOUNT OF OIL ADDED?                          |
| <input type="checkbox"/> ARE STEERING CONNECTIONS TIGHT?     | <input type="checkbox"/> IS COOLING SYSTEM FULL?                       |
| <input type="checkbox"/> DO DOORS AND WINDOWS WORK PROPERLY? | <input type="checkbox"/> VISUALLY CHECK ALL HOSES                      |
| <input type="checkbox"/> AMP – METER                         | <input type="checkbox"/> VISUALLY CHECK ALL BELTS                      |
| <input type="checkbox"/> SPEEDOMETER                         | <input type="checkbox"/> POWER STEERING FLUID LEVEL PROPER?            |
| <input type="checkbox"/> OIL PRESSURE GAUGE                  | <input type="checkbox"/> TRANSMISSION LEVEL FLUID PROPER?              |
| <input type="checkbox"/> OIL LIFE % _____                    | <input type="checkbox"/> WINDSHIELD WASHER FLUID LEVEL FULL            |
| <input type="checkbox"/> FUEL FILTER LIFE % _____            | <input type="checkbox"/> BATTERY                                       |
| <input type="checkbox"/> HEAT INDICATOR                      | <input type="checkbox"/> IS BRAKE MASTER CYLINDER FULL?                |
| <input type="checkbox"/> DO FUEL GAUGES WORK PROPERLY?       | <input type="checkbox"/> HEADLIGHTS (HIGH-BEAM)                        |
| <input type="checkbox"/> FUEL TANK LEVEL INDICATED           | <input type="checkbox"/> HEADLIGHTS (LOW BEAM)                         |
| <input type="checkbox"/> DOES HORN WORK PROPERLY?            | <input type="checkbox"/> PARKING LIGHTS                                |
| <input type="checkbox"/> DOES SIREN WORK PROPERLY?           | <input type="checkbox"/> SIGNAL LIGHTS                                 |
| <input type="checkbox"/> DO WINDSHIELD WIPERS WORK PROPERLY? | <input type="checkbox"/> CLEARANCE LIGHTS                              |
| <input type="checkbox"/> DO SEAT BELTS WORK PROPERLY?        | <input type="checkbox"/> GROUND LIGHTS                                 |
| <input type="checkbox"/> DOES HEATER/AC WORK PROPERLY?       | <input type="checkbox"/> REAR DOOR INSIDE EMERGENCY LIGHTS             |
| <input type="checkbox"/> FUEL CARD                           | <input type="checkbox"/> FLOOD LIGHTS                                  |
| <input type="checkbox"/> FUEL KEY                            | <input type="checkbox"/> BRAKE LIGHTS                                  |
| <input type="checkbox"/> GARAGE DOOR OPENER                  | <input type="checkbox"/> BACK UP LIGHTS                                |
| <input type="checkbox"/> TWO FLASHLIGHTS W/ CHARGER          | <input type="checkbox"/> BACK UP WARNING DEVICE                        |
| <input type="checkbox"/> TWO PORTABLE RADIOS                 | <input type="checkbox"/> EMERGENCY LIGHTS                              |
| <input type="checkbox"/> CELL PHONE IN CASE                  | <input type="checkbox"/> LEFT FRONT TIRE    GOOD    FAIR    POOR       |
| <input type="checkbox"/> TWO PAGERS                          | <input type="checkbox"/> RIGHT FRONT TIRE    GOOD    FAIR    POOR      |
| <input type="checkbox"/> BACK-UP CAMERA FUNCTIONAL?          | <input type="checkbox"/> LEFT REAR OUTER TIRE    GOOD    FAIR    POOR  |
| <input type="checkbox"/> CELL PHONE w/CHARGING CORD          | <input type="checkbox"/> LEFT REAR INSIDE TIRE    GOOD    FAIR    POC  |
| <input type="checkbox"/> COMPUTER WITH CHARGING CORD         | <input type="checkbox"/> RIGHT REAR OUTER TIRE    GOOD    FAIR    POC  |
| <input type="checkbox"/> AVL                                 | <input type="checkbox"/> RIGHT REAR INSIDE TIRE    GOOD    FAIR    POC |
| <input type="checkbox"/> MIFI w/CORD                         |  |
| <br>   |  |
| <b><u>FORMS</u></b>  | <input type="checkbox"/> CONTROLLED SUBSTANCE USAGE FORMS              |
| <input type="checkbox"/> PCRs                                | <input type="checkbox"/> CONTROLLED SUBSTANCE WASTE FORM               |
| <input type="checkbox"/> SUPPLEMENT SHEETS                   | <input type="checkbox"/> EXTRA DRUG CARDS                              |
| <input type="checkbox"/> MCI                                 | <input type="checkbox"/> EXPOSURE SCREENING & PROCEDURES FORM          |
| <input type="checkbox"/> REFUSAL FORMS                       | <input type="checkbox"/> NC RSI FORM                                   |
| <input type="checkbox"/> PATIENT DISCHARGE INSTRUCTIONS      | <input type="checkbox"/> MCI REFUSAL FORM                              |
| <input type="checkbox"/> PATIENT CARE SIGNATURE FORMS        |  |
| <input type="checkbox"/> NOTICE OF PRIVACY PRACTICE          |  |
| <input type="checkbox"/> DOA FORMS                           |  |
| <input type="checkbox"/> PRE-HOSPITAL STROKE SCREEN          |  |
| <input type="checkbox"/> AMI SCREENS                         |  |



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## OUTSIDE COMPARTMENT NINE

- \_\_\_\_\_ 4- ADULT C-COLLARS
- \_\_\_\_\_ 2- PEDIATRIC C-COLLARS
- \_\_\_\_\_ 2- HEAD IMMOBILIZER, infant
- \_\_\_\_\_ 2- HEAD IMMOBILIZER, child
- \_\_\_\_\_ 4- HEAD IMMOBILIZER, adult
- \_\_\_\_\_ 2- 9' STRAPS

## OUTSIDE COMPARTMENT ELEVEN

- \_\_\_\_\_ 2- BACKBOARDS W/ 3 STRAPS
- \_\_\_\_\_ 2- PORTABLES W/ 3 STRAPS
- \_\_\_\_\_ ADULT HARE TRAC
- \_\_\_\_\_ PED HARE TRAC
- \_\_\_\_\_ 1-KED
- \_\_\_\_\_ 1- SPEEDBOARD

## OUTSIDE COMPARTMENT EIGHTEEN

- \_\_\_\_\_ OXYGEN TANKS PSI \_\_\_\_\_ PSI \_\_\_\_\_
- \_\_\_\_\_ HALLIGAN TOOL
- \_\_\_\_\_ PRY BAR
- \_\_\_\_\_ BROOM
- \_\_\_\_\_ PED BOARD

- \_\_\_\_\_ STAIR CHAIR W/ TWO STRAPS
- \_\_\_\_\_ TWO BATTERIES, CHARGING YES/NO

- \_\_\_\_\_ PATIENT COMPARTMENT LIGHTS
- \_\_\_\_\_ 6- SETS LINEN
- \_\_\_\_\_ WALL DISPENSER w/ PURELL

### Notes:

## DRIVER MIDDLE OUTSIDE COMPARTMENT

- \_\_\_\_\_ 4- BALLISTIC VESTS

## DRIVER REAR OUTSIDE COMPARTMENT

- \_\_\_\_\_ JUMPER CABLES
- \_\_\_\_\_ TOOL BOX, COMPLETE
- \_\_\_\_\_ WATER HOSE
- \_\_\_\_\_ ROLL PLASTIC 4 MIL.
- \_\_\_\_\_ ROLL DUCT TAPE
- \_\_\_\_\_ 1-SET WATER RESCUE GEAR
- \_\_\_\_\_ CLEANING KIT w/whisk, dustpan, San-O-128, Disinfect Spray, Wipes, Glass Cleaner, Foaming Cleaner, Hydrogen Peroxide, Absorbent, Bedbug Spray
- \_\_\_\_\_ GREEN SOILED LINEN BAGS

## OUTSIDE COMPARTMENT TWENTY-TWO

- \_\_\_\_\_ BLANKET
- \_\_\_\_\_ EXTRA PILLOW

## STRETCHER

- \_\_\_\_\_ THREE STRAPS w/HARNESS
- \_\_\_\_\_ TWO BATTERIES, CHARGING YES/NO
- \_\_\_\_\_ PILLOW

- \_\_\_\_\_ MAP BOOK
- \_\_\_\_\_ THREE TRAFFIC VESTS
- \_\_\_\_\_ DOT EMERGENCY RESPONSE GUIDEBOOK
- \_\_\_\_\_ BOTTLE HAND SANTIZER
- \_\_\_\_\_ 1 BOX - EACH SIZE GLOVES