



DAVIDSON COUNTY EMERGENCY SERVICES



QRV Unit #: _____ Date: ___/___/___ Shift: ___ Personnel: _____

QRV EQUIPMENT CHECKOFF

JUMP BAG

TOP w/ COUNTY PATCH	RIGHT POUCH INSIDE BAG (CONT.)	FRONT FLAP (CONT.)
ADULT BP CUFF	/ 1 - MILLER #3 BLADE	SHARPS SHUTTLE
PEDIATRIC BP CUFF	/ 1 - MILLER #4 BLADE	/ 1 - SALINE FLUSH
STETHOSCOPE	/ 1 - MACINTOSH #3 BLADE	/ 1 - VASELINE GAUZE
PENLIGHT	/ 1 - MACINTOSH #4 BLADE	/ 1 - CHEST SEAL KIT
GLUCOMETER POUCH	2 - SPARE BATTERIES	1 - 2" ROLL OF TAPE
GLUCOMETER	1 - MAGILL FORCEPS ADULT	GREEN BAG (OPEN JUMP BAG)
/ TEST STRIPS	1 - MAGILL FORCEPS PED	1 - ADULT NRB
/ LANCETS	1 - 10cc SYRINGE	1 - PED NRB
/ ALCOHOL PREPS	BLACK/RED TEAR AWAY BAG	1 - ADULT NC
/ BANDAIDS	/ 1 - GLUCAGON	1 - PED NC
1-PULSE OX	/ 1 - BOTTLE OF ASPIRIN	1 - NEBULIZER
THERMOMETER and Covers	AMIODARONE (300mg)	1 - ADULT AEROSOL MASK
BACK PLATE POUCH	/ 1 - BOTTLE OF NITRO TABLETS	1 - BULB SUCTION
1 - BURN SHEET	/ 1 - NITRO PASTE w/ RULER	RED BAG (OPEN JUMP BAG)
1 - TRAUMA DRESSING	/ 1 - DIPHENHYDRAMINE INJ	EZ-IO DRILL
1 - FACESHIELD	/ 1 - EPI 1:1,000	/ 1 - (YELLOW) LARGE ADULT
1 - COLD PACK	/ 2 - EPI 1:10,000	/ 1 - (BLUE) ADULT / CHILD
1 - BIOHOOP	/ 1 - ONDANSETRON ODT	/ 1 - (PINK) INFANT
BROSLow TAPE	/ 1 - SOLU-MEDROL	/ 1 - STABILIZER
LEFT POUCH INSIDE BAG	/ 1 - SODIUM BICARB	1 - 1" ROLL OF TAPE
2 - 4X4's	/ 3 - ADENOSINE	/ 2 - SALINE FLUSHES
2 - 8X10 PADS	/ 1 - PACK OF IBUPROFEN	/ 2 - SALINE LOCKS
1 - PARAMEDIC SHEARS	/ 1 - D10W or D-50	/ 2 - EACH IV CATHS 18G, 20G
1 - CAT TOURNIQUETS	/ 1 - CALCIUM CHLORIDE	/ 20G,22G
/ 2 - PNEUMO NEEDLES	/ 2 - NARCAN	/ ALCOHOL PREPS
2 - 4" KLING	/ 1 - ATOMIZER	/ TEGADERMS
2 - TRIANGLE BANDAGES	/ 2 - ATROPINE	2 - TOURNIQUETS
/ 1 - HEMOSTATIC GAUZE	/ 1 - LIDOCAINE	YELLOW BAG (OPEN JUMP BAG)
1 - 1" ROLL OF TAPE	/ 1 - IPRATROPIUM	1 - EACH OPA 50
/ 1 - 250cc NACL	/ 1 - ALBUTEROL	1 - EACH OPA 60
1 - 10ggt IV SET	/ 2 - COMBIVENT	1 - EACH OPA 80
1 - 60ggt IV SET	/ 1 - ORAL GLUCOSE	1 - EACH OPA 90
RIGHT POUCH INSIDE BAG	BOTTOM OF BAG	1 - EACH OPA 100
LARYNGOSCOPE HANDLE	1 - ADULT BAG VALVE MASK	1 - EACH OPA 110
/ 1 - 2.5 ET TUBE	W/EXTRA MASK	1 - EACH NPA 14
/ 1 - 3.5 ET TUBE	/ 1 - BOUGIE ADULT	1 - EACH NPA 22
/ 1 - 4.5 ET TUBE	/ 1 - BOUGIE PED	1 - EACH NPA 26
/ 1 - 6.0 ET TUBE	OB KIT	1 - EACH NPA 30
/ 1 - 6.5 ET TUBE	FRONT FLAP	/ 1 - LUBRICATING GEL
/ 1 - 7.5 ET TUBE	3 - IM NEEDLES	
/ 1 - TUBE HOLDER ADULT/PED	1 - 1cc SYRINGE (luer-lock)	
/ 1 - #2 KING AIRWAY	2 - 3cc SYRINGES	
/ 1 - #4 KING AIRWAY	1 - 10cc SYRINGE (luer-lock)	

NARCOTIC BOX		CPAP BAG	
/	MORPHINE SULFATE	/	1 - LARGE CPAP MASK
/	LORAZEPAM (in cooler)	/	1 - MEDIUM CPAP MASK
/	MIDAZOLAM	/	1 - SMALL CPAP MASK
/	FENTANYL	/	1 - CPAP TUBING
/	1 - LUBRICATING GEL		ME BOX
/	1 - ATOMIZER		RULERS
	1- 1cc LUER LOCK SYRINGE		TAPE MEASURE
	1- IM NEEDLE		FLUID KITS
	CERVICAL COLLAR BAG	/	18ga NEEDLES
	2 - ADULT C-COLLARS	/	21ga NEEDLES
	2 - PEDS C-COLLARS	/	3.5in SPINAL NEEDLES
	CARDIAC MONITOR	/	6in SPINAL NEEDLES
	MONITOR (TOP REAR POUCH)	/	10cc SYRINGES
	PULSE OX CABLE (adult & ped))	/	30cc SYRINGES
	PED PULSE OX SENSOR (2 types)		SECURITY SEALS
x /	1- PACK NAIL POLISH REMOVER		PHENYLEPHRINE KIT
	1- EKG PAPER	x /	1- PHENYLEPHRINE
	MONITOR (BOTTOM REAR POUCH)		3- LABELED PHENYL SYRINGES
	CUFFS, LG AD, PED, LG AD LONG		1- 3cc SYRINGE
	1- EKG PAPER		1- SPIKE CONNECTOR
	MONITOR (RIGHT ZIPPER POUCH)		1- MED ADDED LABEL
x /	ADULT DEFIB PADS		REAR OF QRV
x /	PEDIATRIC DEFIB PADS	/	FIRE EXTINGUISHER (CHECK GAUGE)
	ADULT CAPNO CANNULA		SHARPS BOX
	CAPNO FILTER LINE		TYVEK SUIT (ASSORTED)
	ON-SCENE PROTOCOL	/	1 - SURGICAL CRICH KIT
			RED BIO BAGS
			1 - SUPERCON
			1 - DISINFECTANT WIPES
	MONITOR (RIGHT FLAP POUCH)		TOWELS
	ADULT ELECTRODES		2- BODY BAG
	2- PACKS PED ELECTRODES		1 - SURGICAL MASK
	DISPOSABLE CUFFS		1 - O2 TANK w/REGULATOR
	ADULT DISPOSABLE BP CUFF		SUCTION UNIT
	CHILD DISPOSABLE BP CUFF		1 - WATER BOTTLE
	INFANT DISPOSABLE BP CUFF	/	1 - SUCTION TUBING
	ADULT LARGE BP CUFF	/	1 - 14FR SUCTION CATH
	ADULT X-LONG BP CUFF	/	1 - YANKAUER SUCTION TIP
	1 - SURGICAL CLIPPER		COOLER
	2 - CLIPPER BLADES	/	1- DILTIAZEM
	LP35 TEST LOAD		LORAZEPAM (see narcotic list)
	MONITOR PAIRING INST		

1- T-Pod Pelvic Binder
x / PED/INFANT SpO2 SENSORS (2 TYPES)
SpO2 + SpCO SENSORS (ADULT & PED)

CARBON MONOXIDE DETECTOR
ATTACHED ON OUTSIDE OF BAG
AND TESTED

QRV FRONT CHECKOFF

- _____ STARTING MILEAGE _____
- _____ BRAKES WORK PROPERLY?
- _____ PARKING BRAKE WORKING?
- _____ STEERING CONNECT. TIGHT?
- _____ DOORS/WINDOWS WORK?
- _____ SPEEDOMETER
- _____ OIL PRESSURE GAUGE
- _____ HEAT INDICATOR
- _____ FUEL GAUGE WORKING?
- _____ FUEL LEVEL
- _____ HORN WORK PROPERLY?
- _____ SIREN WORK PROPERLY?
- _____ WINDSHIELD WIPERS WORK?
- _____ SEATBELTS WORK?
- _____ HEATER / AC WORK?
- _____ FUEL KEY ON UNIT
- _____ GARAGE DOOR OPENER
- _____ FLASHLIGHT w/CHARGER
- _____ PORTABLE RADIO w/CLIP
- _____ CELL PHONE w/CASE
- _____ GARMIN GPS w/MOUNT
- _____ TRIAGE BAG w/TAGS
- _____ SM, MED, LG, XL GLOVES
- _____ LAPTOP

- _____ MAP BOOK
- _____ DOT EMERG. RESPONSE GUIDE
- _____ PROTOCOL BOOK
- _____ HAND SANITIZER
- _____ RADIO CHECK
- _____ MOTOR OIL LEVEL PROPER?
- _____ AMOUNT OF OIL ADDED?
- _____ COOLING SYSTEM FULL?
- _____ VISUALLY CHECK ALL HOSES
- _____ VISUALLY CHECK ALL BELTS
- _____ POWER STEERING LEVEL PROPER
- _____ TRANSMISSION LEVEL PROPER
- _____ WINDSHIELD WASHER FULL
- _____ BATTERY CONNECTIONS
- _____ BRAKE FLUID FULL?
- _____ HEADLIGHTS (HIGH-BEAM)
- _____ HEADLIGHTS (LOW-BEAM)
- _____ PARKING LIGHTS
- _____ TURN SIGNAL LIGHTS
- _____ ALLEY / TAKEDOWN LIGHTS
- _____ BRAKE LIGHTS
- _____ BACKUP LIGHTS
- _____ EMERGENCY LIGHTS

- _____ LEFT FRONT TIRE GOOD FAIR POOR
- _____ LEFT REAR TIRE GOOD FAIR POOR
- _____ RIGHT FRONT TIRE GOOD FAIR POOR
- _____ RIGHT REAR TIRE GOOD FAIR POOR
- _____ CLIPBOARD / PCR BOOK
- _____ PCRs
- _____ SUPPLEMENT SHEETS
- _____ REFUSAL FORMS
- _____ PATIENT DISCHARGE INSTRUCT
- _____ PATIENT CARE SIGNATURE FORMS
- _____ NOTICE OF PRIVACY POLICY
- _____ DOA FORMS
- _____ PRE-HOSPITAL STROKE SCREEN
- _____ AMI SCREEN FORM
- _____ CONTROLLED MED USAGE FORM
- _____ EXTRA DRUG CARDS
- _____ EXPOSURE FORMS
- _____ NCEMS AIRWAY EVAL FORMS

***** ON THE 1st , 2nd , and 3rd OF EACH MONTH *****
RUN MONTHLY MONITOR DIAGNOSTIC CHECK
On 1st ONLY, ROTATE MONITOR BATTERY WITH THE SPARE
RECORD EXPIRATION DATES FOR ALL EXPIRABLES, INCLUDING PEDS BAG
CLEAN THERMOMETER LENS

NOTES OR MISSING ITEMS THAT YOU WERE UNABLE TO REPLACE: _____

PERSONNEL SIGNATURE: _____