

BLS JUMP BAG INVENTORY

Monday

Updated 2/1/2013

| | Available | Need | Replaced |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Left Pocket | | | |
| "D" Size Oxygen Tank (PSI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Airways (4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nasal Airways (7) 12-34fr | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgilube (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Right Pocket | | | |
| Adult BVM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Front Pocket | | | |
| Trauma Shears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Penlight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ring Cutter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Triangular Bandage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arm Slings (Large & Child) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Petroleum Gauze (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold Packs (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Packs (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Isolation Kits (3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Cleaner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tongue Blades (6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disposable Blanket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Baby Aspirin Exp: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Glucose (2) Exp: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top Pocket | | | |
| V-Vac Handle w/ Canister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V-Vac Suction Catheter w/ Tip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face Masks (8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face Mask w/ EYESHIELD (4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top Pocket Main Compartment | | | |
| Adult Non-Rebreather Mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric Non-Rebreather Mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infant Non-Rebreather Mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Nasal Cannula | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|--------------------------------|--------------------------|--------------------------|--------------------------|
| Main Compartment | | | |
| 4x4's (10) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdominal Pads (3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pack of 4x4's (5 or 10 Pack) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kerlix Rolls (3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2" Tape Roll | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1" Tape Roll (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult BP Cuff w/ Stethoscope | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric BP Cuff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric BVM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sterile Water 1000cc Exp: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Epi-Pen Exp: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric Epi-Pen Exp: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Portable SpO2 (Frontline Only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Pocket | | | |
| Adult C-Collar (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric C-Collar (1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Burn Sheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trauma Dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rigid Splints (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SMO Book, Flight for Life Book | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Vehicle | | | |
| Clipboard w/ Run Sheets, MPR's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obstetrical Kit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Box of Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature:

Date:

Signature:

Unit #: