

AMBULANCE INVENTORY (SN77)

Wednesday

Updated 12-3-2015

	Available	Need	Replaced
Cab Area			
Ambulance/ Knox Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Radios (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERG Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Safety Vests (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maps (Bensenville, Elmhurst, Wood.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Dale Street Routing Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicago Mabas Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Hospitals and Routing Binder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Reset Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clipboard			
10 Loyola Run Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Patient Release Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Assist Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab Info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyola SMO Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BFPD Fire Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchorage, Bridgeway, Fenton Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DCFS/Abuse Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Area			
Onboard Suction (test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canister, Tubing & Yankauer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboard Oxygen (min 500psi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Flowmeter (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone & Charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl Dosing Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison Control # 800-222-1222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMBULANCE INVENTORY

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Top Drawer			
Spare Zoll Paper (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Pads (2) Exp Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds Pads Exp Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG Electrodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Dot Chek Strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Razors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pens and Sharpies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare AA and AAA Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tray of Narc Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Behind Captains Chair			
Car Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Airway Cabinet-Top Left			
King Airway Sizes 3,4,5 (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decompression Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Cric Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Cric Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDD (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Vac Canister (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Vac tip and Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inline Adapter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 fr Stylet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 fr Stylet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tubes: 3.0-9.0 (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Tamer 1 Adult 1 Ped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Cabinet - Bottom Left			
Oral Sets (2 Sets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Airways - 12 fr to 32 fr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Packs Surgilube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yankauers (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Catheters 14fr kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 fr Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 fr Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Tubing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Cabinet - Top Right			
Adult BVM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds BVM w/Infant Mask (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Cabinet - Bottom Right			
Peds and Infant NRB - Peds(2), inf (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer kits(2), Inline Neb Kits (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Cannula (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Tubing (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult NRB (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Cabinet Above CPR Seat			
Trauma Teddy (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box Small Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box XL Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of N95 Respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottom Cabinet Near CPR Seat			
Gloves (S) (XL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Cabinet - Top Shelf			
Adult Slings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Slings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1000cc Bottles of Saline (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi Trauma Dressings (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Cabinet - Bottom Shelf			
Burn Sheets (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Packs (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tape 2" (2), 1" (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerlix (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4x4's (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pads (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Gauze (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of Alcohol Preps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Cabinet - Top Shelf			
OB Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emesis Basin (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OB Cabinet - Bottom Shelf			
Box of 1 Gal Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biohazard Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morgan lens (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb Syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cups for Stabilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAM Splints 1-Adult 2-Junior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armboards 2-Long 2-Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Above Bench Seat			
Macro Drip Tubing (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Drip Tubing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Start Kits (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.9 NS 1000cc (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Infuser (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Rolls (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult C Collars (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds C Collars (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Bench Seat			
Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillows (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs for ROSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare Suction Canister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top Compartment By Side Door			
Extra Sheets, Towels, and Blackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers Side Front			
Main Oxygen (Min 500 PSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDNY Hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDI - Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Side Back			
2 SCBA's PSI: /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Available	Need	Replaced
Driver Side Middle			
Triage Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction Splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case of Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrant Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Side Front			
IV Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EZ/IO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psych Strap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP w/Tubing, Sm & Lg Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP Oxygen Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare CPAP Tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer & Charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Side Middle			
PFD's (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millennium Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Triangles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Side Back			
Backboards With Straps (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People Mover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Rolls (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit #: