

Little Rock Fox Fire Protection District
Monthly Inventory Check Sheet
BLS Equipment Check

Vehicle: 321 () 322 () 323 ()		
Qty.	Actual	Item
1 Box		Disposable Gloves
1		BLS Protocol Book
1		Long Spine Board
1		Clipboard w/EMS Forms
Oxygen Bag		
1set		Nasal Airways (w/Lube)
1set		Oral Airways
1		Oxygen Cylinder (full)
1		Oxygen Regulator
1ea		BVM (adult, peds, infant)
1ea.		Nasal Cannula Adult/Ped
1ea		NRB (adult, peds, infant)
1		Hand Held Neb Kit
1 ea.		#4 & #5 King Airway
2		Magill Forceps
1		Bulb Syringe
1		Oxygen Tubing
1		CPR Mask
1		CPAP Mask (optional)
1		V-Vac Suction Device
Extrication Collar Bag		
3		C-collars (adult, ped., inf.)
1		Head Sta-Blok
1		Blanket
Splints		
1set		Adult Extremities
1set		Peds Extremities
AED		
1		AED w/adult electrodes
1		Spare Battery
1 set ea.		Adult & Ped Defib. Pads

Date:		
Qty.	Actual	Item
Trauma Jump Bag		
1		Pulse Oximeter
1		Blood Glucose Monitor Kit
1		BP Cuff (adult)
1		Stethoscope
1		Trauma Sheers
1		Pen Light
1		Sharps Container
1		Ring Cutter
1		BP Cuff Set
5		Adhesive Bandages
1		Burn Sheet
2		Trauma Dressings
2		Kling/Kerlix
10		4x4's
2		Vaseline Gauze
2		Triangular Bandages
2rolls		Tape 1"
1		Sam Splint
2		Cold Packs
2		Bio-Bags
2		P.P.E. Kits
1		O.B. Delivery Kit
1		Silver Swaddler
1		Merconium Aspirator
20		Smart Triage Tags
1		3cc Syringe w/ Needle
2		IM Needle 18ga/20ga x 1"
2		1cc Syringe w/needle
2		Syringes 10-20 ml
2		MAD
1 Pkg.		Ammonia Inhalents
1		1L Sterile Water _____ exp.
1		Epi 1:1000 _____ exp.
4		ASA (81mg) _____ exp.
1 tube		Oral Glucose _____ exp.
1		Glucagon 1mg _____ exp.
1		Narcan 4mg _____ exp.
2		Albuterol 2.5 _____ exp.
1		Atrovent 0.5mg _____ exp.
2		ODT Zofran _____ exp.

CHECK ALL SUPPLIES FOR EXPIRATION DATE. IF EXPIRED, REPLACE IT.

Name of Individual Performing Check:

Notes: _____
