

SSCFPD EMS FIRST RESPONDER KIT CHECK LIST

Name: _____ Station: _____ Date: _____

Bag Number: _____

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|--|---|
| _____ 1-CPR Mask w/O2 port | _____ 1-Trauma Shears |
| _____ 1-Blood Pressure Cuff | _____ 1-Trauma Dressing |
| _____ 1-Stethoscope | _____ 3-ADB Pads |
| _____ 1-O2 tank w/regulator & key | _____ 1-Sam Splint |
| _____ 1-(5pk) Oral Airways | _____ 1-2" roll of medical tape |
| _____ 1-Pk Nasal Airways (set of 6-#20-32) | _____ 2-Triangle Bandages |
| _____ 1-6 pks /surgilube | _____ 1-non Sterile 4x4's |
| _____ 2-Adult non Rebreathers | _____ 20-Sterile 4x4's |
| _____ 1-Pedi Non Rebreather | _____ 3-Rolls of Kerlix |
| _____ 2-Nasal Cannulas | _____ 1-Bottle Anti-Bacterial Hand Cleanser |
| _____ 1-BVM | _____ 2-Vaseline Dressing |
| _____ 1-Pen Light | _____ 1-Coban |
| _____ 2-Red Bio-Hazard Bags | _____ 1-Bulb Syringe |
| _____ 1-OB Kit | _____ 1-Face Mask w/ shield |
| _____ 1-60"x90" Blanket (aluminum) | _____ 1-Tube Oral Glucose |
| _____ 8-pairs of Gloves | |

_____ Pulse OX Serial # _____

EMT's ONLY

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|---|----------------|
| _____ 1-Glucometer | Serial # _____ |
| _____ 1-Thermometer | |
| _____ 1 each, King LTS-D Airway size #3, 4, and 5 | |