

El Dorado County Emergency Services Authority

Policy Subject Matter: Medic Unit Inventory

Review Date:

Revision Date: **08.30.10** Creation Date: **06.01.00**

I. Policy:

The purpose of this policy is to provide a standardized minimum inventory on all JPA ambulances.

II. Procedure:

- 1. Ambulances shall be equipped and supplied in conformance with the Department of the California Highway Patrol, California Administrative Code, Title 13.
- 2. All JPA ambulances shall carry the equipment and drugs as identified in El Dorado County EMS Agency Policies and Procedures. Any exceptions must have prior approval of the JPA Executive Director.
- 3. Ambulance inventory shall be verified and documented at each change of shift.
- 4. All JPA ambulance units will maintain inside the vehicle proof of insurance, registration, a disposable camera and a VFIS collision reporting kit.

DAILY AMBULANCE INVENTORY VERIFICATION CHECKLIST

Directions: Ambulance inventory shall be verified and documented at each change of shift by the on-coming paramedic(s). Missing and/or malfunctioning equipment must be reported as soon as possible. A check indicates that equipment listed is both present and functional at the time inventory was verified. A brief description of the variance must be noted on the reverse of this form for any blank spaces.

Ambulance Unit:									Month/Year											_												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cellular Pho	ne																															
EKG Monito	or/Defibrillator																															
Batteries Tes	sted																															
Autovent																																
Pulse Oxime	eter																															
Suction Unit																																
Nitronox Sys	stem																															
Gurney																																
Gurney Flat																																
	ortable Radio																															
Low Band P	ortable Radio																															
Stokes Baske																																
Controlled D	rugs																															
Presented/Se																														<u> </u>		
Other Medic																														<u> </u>		
O2 and Airw																														<u> </u>		
ECG Supplie	es																													<u> </u>		
	ion Equipment																													<u> </u>		
Dressings &	Misc																													<u> </u>		
Tympanic Tl	hermometer																													<u> </u>		
Initials																														<u> </u>		
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Forward completed forms to Fire District EMS officer.

Summary of Ambulance Equipment/Supplies Variance:

Date	Equipment Involved	Brief Description of Variance/Problem	Signature