



UNIVERSITY OF ROCHESTER  
RIVER CAMPUS MEDICAL EMERGENCY RESPONSE TEAM

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**NIGHTLY VEHICLE AND EQUIPMENT CHECKOUT FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

801: \_\_\_\_\_ 802: \_\_\_\_\_ 803: \_\_\_\_\_

Primary Vehicle Operator: \_\_\_\_\_ Vehicle ID: \_\_\_\_\_

Mileage: **End** \_\_\_\_\_

Gas Level (Circle One): *Full 3/4 1/2 1/4 Empty*

**Start** \_\_\_\_\_

**Total** \_\_\_\_\_

Gas Added? *Yes No* Amount: \_\_\_\_\_

Sunday/Wednesday Check: \_\_\_\_\_

Oil Level (Circle One): *Full Empty*

Exterior Check Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Clean? *Yes No*

Interior Check (Circle All Applicable): *Clean Organized Secure Equipment*

Maintenance Check (Check if Functioning Correctly):

\_\_\_\_\_ Headlights \_\_\_\_\_ Taillights \_\_\_\_\_ Light Bar

\_\_\_\_\_ Turn Signals \_\_\_\_\_ Flashers \_\_\_\_\_ Tires

\_\_\_\_\_ Steering \_\_\_\_\_ Brakes \_\_\_\_\_ Engine

\_\_\_\_\_ Radio

NYS Registration Exp. Date: \_\_\_\_\_ NYS Inspection Exp. Date: \_\_\_\_\_

Insurance Card Exp. Date: \_\_\_\_\_

***Please Note Any Problems:***

Primary Operator Signature: \_\_\_\_\_ Revised 02/2010 C.R. Kennedy



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<b>Red Bag, Main Compartment</b>	<b>Red Bag, Back Compartment</b>	<b>Burn/Peds/OB Bag; Seal:</b>
(1) O <sub>2</sub> D-Tank (>800 PSI):	(1) Adult C-Collar	(1) Pediatric BVM w/ 3 masks
(1) Adult Stethoscope	(1) Burn Sheet	(1) Pediatric OPA - set of 5
(1) Pulse Oximeter	(1) Multi-Trauma Dressing	(1) Pediatric NPA - set of 5 w/ lubrication
(2) Adult NRB	(1) SAM Splint	(1) Pediatric Sphygmomanometer
(2) Adult Nasal Cannula	(1) 50 g Activated Charcoal; Exp:	(1) Pediatric Stethoscope
(2) Nebulizers	<b>Red Bag, Side Compartment</b>	(2) Pediatric NRB
(1) O <sub>2</sub> Tubing	(1) Adult Sphygmomanometer	(2) Pediatric Nasal Cannula
(1) Adult OPA - set of 5	(1) Bariatric Sphygmomanometer	(1) OB Kit
(1) Adult NPA - set of 5, w/ lubricant	<b>Saline Kit; Seal:</b>	(2) Biohazard Bags
<b>Red Bag, Top Compartment</b>	(6) 10 mL Saline Flush; Exp:	<b>Clipboard</b>
(1) Adult BVM w/ Mask	(1) 250 mL Sterile Saline; Exp:	(10) PCR
(3) Ice Packs	(1) 250 mL Sterile Water; Exp:	(10) Continuation Forms
(5) Biohazard Bags	<b>Medication Kit; Seal:</b>	(10) Medication Continuation Forms
(3 pairs) Gloves - each size	(1) 50 g Activated Charcoal; Exp:	(10) RMA Forms
(3) Face Shields	(10) 81 mg. Baby Aspirin; Exp:	(2) Pen
(3) Barf Bags	(1) 15 g Glucose; Exp:	<b>Additional Equipment</b>
<b>Red Bag, Front Compartment</b>	(10) Albuterol; Exp:	(1) AED -w/ adult and pediatric pads
(1) Trauma Shears	(1) Adult EpiPen; Exp:	(1) Suction Unit
(1) Lister Scissors	(1) Pediatric EpiPen; Exp:	(2) Backboards
(1) Pen Light	<b>Extraction Bag; Seal:</b>	(1) KED
(2) Tongue Depressors	(1) Spider Straps	(1) Traction Splint
(1) 15 g Glucose Tube; Exp:	(1) Straps - set of 3, buckled	(1) Board Splint - Set of S, M, L
(2) 1 inch Tape	(2) Adult C-Collar	(2) Large Box Splints
(2) 2 or 3 inch Tape	(1) Pediatric C-Collar	(2) Small Box Splints
(2) ACE Bandages	(2 pairs) Head Blocks	(3) Reflective Vests
(4) Cravats	(2) 2 or 3 inch Tape	<b>Comments:</b>
(6) 5x9 Gauze Pads	<b>Green O<sub>2</sub> Sleeve</b>	
(10) 4x4 Gauze Pads	(2) Adult NRB	
(6) 3x3 or 2x2 Gauze Pads	(1) Adult Nasal Cannula	
(1) Vaseline Gauze Pad	(1) Nebulizer	
(3) 2 inch roller gauze	<b>Red O<sub>2</sub> Sleeve</b>	
(3) 3 or 4 inch roller gauze	(2) Adult NRB	
(3) Kerlix Loose Rolled Gauze	(1) Adult Nasal Cannula	
(1) Assorted Band-Aids Bag	(1) Nebulizer	

Primary Operator Signature: \_\_\_\_\_

Revised 02/2010 C.R. Kennedy