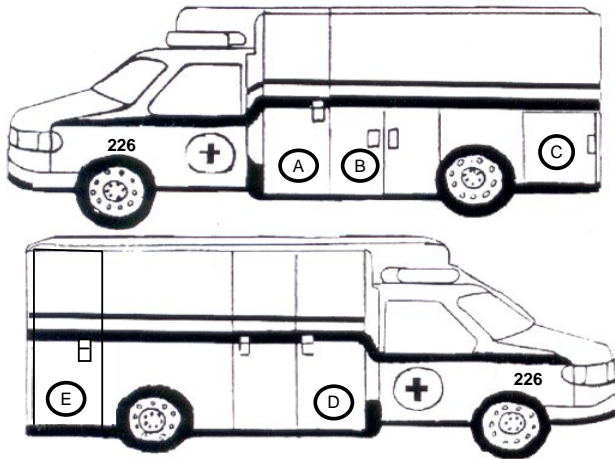


Northvale Volunteer Ambulance Corps

226 Rig Check Sheet



Date: _____ / _____ / 20____
 Crew Chief: _____
 Crew: _____

Approved by Crew Chief: _____

- Chasis**
- Rig Diagnostics
 - Fuel _____
 - Call Sheets
 - Portable Radios

- Module**
- Blankets / Rain
 - Towels
 - Sheets
 - Pillows & Cases
 - Gloves (all sizes)
 - Barf Bags
 - Straight Splints
 - Saline
 - OB Kits _____
 - Bio Gear
 - PPE Equipment
 - N95 Masks
 - O₂ "D" Cyl. 1 _____
 - O₂ "D" Cyl. 2 _____

- Crash Station**
- Non-Rebreather
 - Nasal Cannula
 - Peds Nasal
 - Peds Non-Reb.
 - Oral Airways
 - Nasal Airways
 - Suction Unit
 - Catheters
 - Tubing
 - Disinfectant Foam
 - Pulse-Ox

- Cabinet A**
- O₂ "S" Cyl. _____
 - Turn out gear
 - Helmuts

- Cabinet B**
- Keds
 - Leg / Ankle Splints
 - Traction Splint
 - Folding Stretcher
 - CPR Board
 - Red Bio Bags
 - Garbage Bags
 - Toddler Toys

- Cabinet C**
- Tools
 - Fire Extinguisher
 - Flashlight

- Cabinet D**
- Jump Bag
 - Pediatric Jump Kit
 - CPR Bag
 - Mass Casualty Bag
 - Frac Packs
 - Burn Kit
 - Portable Suction
 - Defibrillator
 - Epi-pens

- Sharps Container
- Garbage Container

- Cabinet E**
- Longboards _____
 - Ped Longboards _____
 - Head Chocks _____
 - Adult Collars _____
 - Pediatric Collars _____
 - Reeves _____
 - Scoop _____
 - Straight Splints _____
 - Stadium Stairchair _____
 - Stair Chair _____

- CPR Bag**
- O₂ "D" Cylinder _____
 - Airways _____
 - Nasal Cannula _____
 - Non-Rebreather _____
 - Peds Nasal _____
 - Peds Non-Rebreather _____
 - BVM with Tubing _____

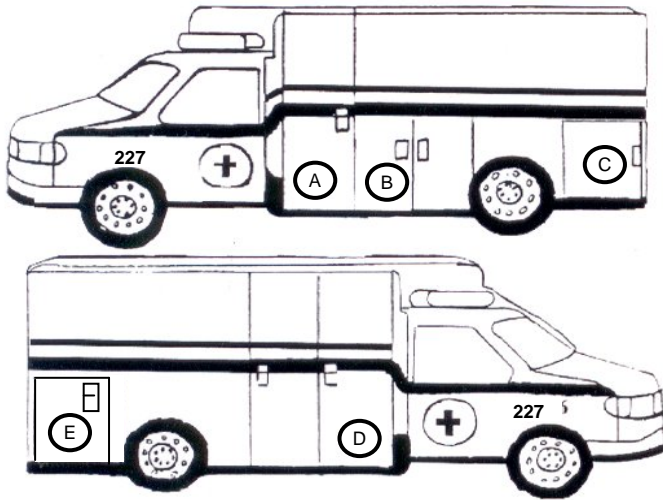
- Stretcher**
- Made and Clean _____
 - Battery Charged _____
 - O₂ "M" Cylinder _____

- Equipment at hospital _____
- Longboard with all straps _____
- Tested suction unit _____
- Check expiration dates _____
- Defibrillator pads _____
- Epi-pens _____
- Glucose _____
- Saline _____
- Hot & Cold packs _____

- Jumpkit**
- Regular BP Cuff _____
 - Thigh Cuff _____
 - Stethoscope _____
 - Pen & Pad _____
 - Glucose _____
 - Cling _____
 - 2 x 2's _____
 - 3 x 3's _____
 - 4 x 4's _____
 - Tape _____
 - Hot Packs _____
 - Cold Packs _____
 - Trauma Bandages _____
 - Triangle Bandages _____
 - Toothsaver _____
 - Scissors _____
 - Seat Belt Cutter _____
 - Ring Cutter _____
 - Barf Bags _____
 - Gloves _____
 - Working Pen Light _____

Northvale Volunteer Ambulance Corps

227 Rig Check Sheet



Date: _____ / _____ / 20____

Crew Chief: _____

Crew: _____

Approved by Crew Chief: _____

- | | |
|--|--|
| <u>Chasis</u> | <u>Cabinet A</u> |
| <input type="checkbox"/> Rig Diagnostics | <input type="checkbox"/> O ₂ "S" Cyl. _____ |
| <input type="checkbox"/> Fuel _____ | <input type="checkbox"/> Turn out gear _____ |
| <input type="checkbox"/> Call Sheets | <input type="checkbox"/> Helmuts |

- | | |
|---|--|
| <u>Module</u> | <u>Cabinet B</u> |
| <input type="checkbox"/> Blankets / Rain | <input type="checkbox"/> Stair Chair |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Traction Splint |
| <input type="checkbox"/> Sheets | <input type="checkbox"/> Folding Stretcher |
| <input type="checkbox"/> Pillows & Cases | <input type="checkbox"/> Red Bio Bags |
| <input type="checkbox"/> CPR Board | <input type="checkbox"/> Garbage Bags |
| <input type="checkbox"/> Gloves (all sizes) | <input type="checkbox"/> Toddler Toys |
| <input type="checkbox"/> Barf Bags | <input type="checkbox"/> Mass Casualty Bag |
| <input type="checkbox"/> Defibrillator | |

- | | |
|---|--|
| <input type="checkbox"/> Port. Suction Unit | <u>Cabinet C</u> |
| <input type="checkbox"/> OB Kits _____ | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Bio Gear | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> PPE Equipment | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> N95 Masks | |
| <input type="checkbox"/> Frac Packs | |

- | | |
|--|--|
| <u>Crash Station</u> | <u>Cabinet D</u> |
| <input type="checkbox"/> Non-Rebreather | <input type="checkbox"/> Longboards _____ |
| <input type="checkbox"/> Nasal Cannula | <input type="checkbox"/> Ped Longboards _____ |
| <input type="checkbox"/> Peds Nasal | <input type="checkbox"/> Head Chocks _____ |
| <input type="checkbox"/> Peds Non-Reb. | <input type="checkbox"/> Reeves |
| <input type="checkbox"/> Oral Airways | <input type="checkbox"/> Scoop |
| <input type="checkbox"/> Nasal Airways | <input type="checkbox"/> Leg / Ankle Splints |
| <input type="checkbox"/> Suction Unit | <input type="checkbox"/> Straight Splints |
| <input type="checkbox"/> Catheters | <input type="checkbox"/> Pediatric Jump Kit |
| <input type="checkbox"/> Tubing | <input type="checkbox"/> Saline |
| <input type="checkbox"/> Disinfectant Foam | <input type="checkbox"/> Burn Kit |
| <input type="checkbox"/> Portable Radios | <input type="checkbox"/> Epi-pens |
| <input type="checkbox"/> Pulse-Ox | <input type="checkbox"/> BVM Kit |
| | <input type="checkbox"/> O ₂ "D" Cyl. 1 _____ |
| | <input type="checkbox"/> O ₂ "D" Cyl. 2 _____ |

- | |
|--|
| <u>Cabinet E</u> |
| <input type="checkbox"/> Adult Collars _____ |
| <input type="checkbox"/> Ped Collars _____ |
| <input type="checkbox"/> Keds _____ |
| <input type="checkbox"/> Stadium Stair Chair |

- | |
|--|
| <u>CPR Bag</u> |
| <input type="checkbox"/> O ₂ "D" Cyl. _____ |
| <input type="checkbox"/> Airways |
| <input type="checkbox"/> Nasal Cannula |
| <input type="checkbox"/> Non-Rebreather |
| <input type="checkbox"/> Peds Nasal |
| <input type="checkbox"/> Peds Non-Rebreather |
| <input type="checkbox"/> BVM with Tubing |

- | |
|--|
| <u>Stretcher</u> |
| <input type="checkbox"/> Made and Clean |
| <input type="checkbox"/> Battery Charged |
| <input type="checkbox"/> CPR Bag |
| <input type="checkbox"/> Jump Bag |

- | |
|--|
| <input type="checkbox"/> Sharps Container |
| <input type="checkbox"/> Garbage Container |

- | |
|--|
| <u>Jumpkit</u> |
| <input type="checkbox"/> Regular BP Cuff |
| <input type="checkbox"/> Thigh Cuff |
| <input type="checkbox"/> Stethoscope |
| <input type="checkbox"/> Pen & Pad |
| <input type="checkbox"/> Glucose _____ |
| <input type="checkbox"/> Cling _____ |
| <input type="checkbox"/> 2 x 2's _____ |
| <input type="checkbox"/> 3 x 3's _____ |
| <input type="checkbox"/> 4 x 4's _____ |
| <input type="checkbox"/> Tape _____ |
| <input type="checkbox"/> Hot Packs _____ |
| <input type="checkbox"/> Cold Packs _____ |
| <input type="checkbox"/> Trauma Bandages |
| <input type="checkbox"/> Triangle Bandages |
| <input type="checkbox"/> Toothsaver |
| <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Seat Belt Cutter |
| <input type="checkbox"/> Ring Cutter |
| <input type="checkbox"/> Barf Bags |
| <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Working Pen Light |

- | | | |
|---------------------------|--------------------|--------------------------|
| Equipment at hospital | _____ | <input type="checkbox"/> |
| Longboard with all straps | | <input type="checkbox"/> |
| Tested suction unit | | <input type="checkbox"/> |
| Check expiration dates | Defibrillator pads | <input type="checkbox"/> |
| | Epi-pens | <input type="checkbox"/> |
| | Glucose | <input type="checkbox"/> |
| | Saline | <input type="checkbox"/> |
| | Hot & Cold packs | <input type="checkbox"/> |