



ALLEGANY COUNTY DEPARTMENT OF EMERGENCY MEDICAL SERVICES

DAILY CHECKLIST

Unit Designation:	
Next Service Due	

Date:	
Mileage:	

Fuel Level: Full 3/4 1/2 1/4

	OK	Not OK	N/A
Knox Box Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door/Compartment Latches & Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Warning Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scene Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Compartment Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Radios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med Radios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clip Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboard Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Cuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Ox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.V. Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedi Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housebag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inverter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container Empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OK	Not OK	N/A
Equipment Chargers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Oxygen Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboard Suction Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Suction Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLS Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher Made Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrodes/Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPARATUS & EQUIPMENT DEFICIENCIES

REPORT ALL MAJOR OR ONGOING DEFICIENCIES VIA E-MAIL TO SCORIONI@ALLEGANYGOV.ORG

UNIT SERVICE STATUS	IN	OUT
	<input type="checkbox"/>	<input type="checkbox"/>

Completed By:	
Name	Rank