

# RESERVE AMBULANCE INVENTORY

## Tuesday

Updated 2/1/2013

	Available	Need	Replaced
<b>Cab Area</b>			
Ambulance Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERG Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Action Area</b>			
Onboard Suction (Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canister, Tubing & Yankauer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboard Oxygen (min 500psi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Flowmeter (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Radio (Merci Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison Control # 1-800-222-1222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment A</b>			
Extra Sheets, Towels & Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment B</b>			
Blue Bag for Med Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment C</b>			
ABC Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavicide Wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 2-3 (Top)</b>			
Emesis Basin (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Slings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Slings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolls of Aluminum Foil (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of 1 Gal Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biohazard Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Morgan Lens (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb Syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cups for Stabilization (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 2-3 (Bottom)</b>			
Hot Packs (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1000cc Bottles of Saline (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Sheets (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi Trauma Dressing (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Boards-Large (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Boards-Medium (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Boards-Small (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tape 2" (2) & 1" (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Preps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerlix Rolls (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4x4's (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pads (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Gauze (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 4-5</b>			
ET Tubes: 3.0 to 9.0 (1 Each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 fr Stylet (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 fr Stylet (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDD (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETCO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Tamer (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Tamer (Pediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N95 Respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inline Adapter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Razors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Compartment 6-7</b>			
V-Vac Canister (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Vac Tip & Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combitubes 41fr & 37fr (1 Each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King Airways Sizes 3,4,5 (1 Each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decompression Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Cric Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Cric Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Catheters 14fr Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10fr Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8fr Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Tubing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yankauers (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Airways (2 Sets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Airways 12fr to 32fr (1 Each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgilube (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 8-9 (Top)</b>			
Adult BVM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric BVM w/ Infant Mask (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 8-9 (Bottom)</b>			
Pediatric NRM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant NRM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inline Nebulizer Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult NRM (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Nasal Cannula (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Masks (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Available	Need	Replaced
<b>Compartment 10-11</b>			
IV Start Kits (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro Drip Tubing (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Drip Tubing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.9 NS 1000cc (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Infuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compartment 12-13</b>			
Head Rolls (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult C-Collars (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric C-Collars (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare Zoll Paper (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Pads (2) Exp Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Pads (2) Exp Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pens/Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG Electrodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUMC SMO Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare Narc Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric BP Cuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant BP Cuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Under CPR Seat</b>			
Urinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (XL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biohazard Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Under Bench Seat</b>			
Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# RESERVE AMBULANCE INVENTORY

	Available	Need	Replaced
Spare Suction Canister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavicide Wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit #: