

# ENGINE JUMP BAG INVENTORY

## Monday

Updated 11-9-2015

	Available	Need	Replaced
<b>Left Pocket</b>			
"D" Size Oxygen Tank (PSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Airways (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Airways (7) 12-34fr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgilube (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Right Pocket</b>			
Adult BVM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Front Pocket</b>			
Trauma Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIng Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular Bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Slings (Large & Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Gauze (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Packs (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Packs (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Kits (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue Blades (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Aspirin Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Glucose (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Top Pocket</b>			
V-Vac Suction Catheter w/ Tip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Masks (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Mask w/ EYESHIELD (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Top Pocket Main Compartment</b>			
Adult Non-Rebreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Non-Rebreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Non-Rebreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Nasal Cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# BLS JUMP BAG INVENTORY

	Available	Need	Replaced
<b>Main Compartment</b>			
4x4's (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pads (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerlix Rolls (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2" Tape Roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1" Tape Roll (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult BP Cuff w/ Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric BP Cuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric BVM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Water 1000cc Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Epi-Pen Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Epi-Pen Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable SpO2 (Frontline Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NARCAN (2) EXP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Back Pocket</b>			
Adult C-Collar (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric C-Collar (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid Splints (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMO Book, Flight for Life Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Vehicle</b>			
Clipboard w/ Run Sheets, MPR's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit #: