

Texas Fire Chiefs Association
DOCUMENT SUBMISSION FORM

Candidate Department: Coppel Fire Department

Best Practice Standard: 6.02
(insert the Best Practice Standard you are working on - example "1.01")

Proofs of Compliance Submitted:

SOG demonstrating requirement for apparatus/equipment to be checked prior to each operational period.

Copy of apparatus checklists.

Submitted By: Gregg Loyd	Date: 10/1/2013
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Evaluator's Review

Evaluator:

Date Accepted:

Coppell Fire Department Standard Operating Guidelines



SOG# 02-13 – Daily Readiness Checks	Effective Date: 10/31/2005
Fire Chief: <i>[Signature]</i>	Revised Date: 10/1/2013

Purpose: To direct members on the daily responsibilities to maintain readiness

Scope: This policy applies to all members of the Operations Division

Directions:

1. Members will be prepared daily for emergency response by 0700.
2. Inspections of SCBAs will be made at the beginning of each shift. This inspection will include pressure levels, gauge readings, PASS activation and function, regulator function, electronic heads-up display and face piece check. Each member will be responsible for initialing the Daily Check and entering record into FireHouse to show that they inspected their SCBA. Members must check their PPE for response readiness and place it near their apparatus, check their SCBA to ensure bottle pressure of 4500 or “FULL” reading and place their name into the passport system immediately every shift.
3. As part of the daily check, all apparatus and vehicles will be started and allowed to run until motor reaches operational temperature.
4. Members will be required to check their apparatus daily, including the equipment, supplies and condition, correcting any deficiencies immediately. Appropriate check forms must be completed and processed.
5. All equipment will be started or powered “on” and allowed to run to improve equipment performance and ensure the equipment’s readiness.
6. The pump will be engaged daily on all fire apparatus to ensure operational readiness. Additionally, aerial ladders must be exercised to ensure operational readiness. (Note: Aerial deployment may not be possible due to inclement weather.)
7. The MICUs will be checked at the beginning of each shift and equipment checked or powered “on” to ensure its operational readiness. All items will be inventoried and deficiencies in stock corrected immediately. Appropriate check forms must be completed and processed.

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8. The Rescue apparatus will be checked daily, all power equipment will be started and the generator and electrical equipment will be powered on to ensure operational readiness. Appropriate check forms must be completed and processed.
9. All items found that affect operational readiness will be resolved immediately or a Work Order will be submitted to make the repairs or corrections. Appropriate check forms must be completed and processed.
10. The Station will be cleaned, vacuumed, dusted, swept, mopped and trash removed on at least a daily basis. This includes all rooms of the stations. This does not preclude the need for a second cleaning when necessary.
11. Physical fitness training is required as part of the daily training assignment.
12. Members are required to complete daily training assignments as referenced in *SOG# 04-01 Training*.

COPPELL FIRE DEPARTMENT DAILY BATTALION CHECK SHEET

DATE: _____ SHIFT: _____ UNIT #: _____ DRIVER: _____ CHIEF: _____

CITY VEHICLE INSPECTION INFORMATION

INSPECTION STICKER EXPIRATION DATE: _____ ODOMETER MILEAGE: _____

<input type="checkbox"/> *Horn	<input type="checkbox"/> *Turn Indicator	<input type="checkbox"/> *Tail Lights	<input type="checkbox"/> Left Doors
<input type="checkbox"/> Mirror	<input type="checkbox"/> Seats	<input type="checkbox"/> *Brake Lights	<input type="checkbox"/> Right Doors
<input type="checkbox"/> Glass	<input type="checkbox"/> *4-way Flashers	<input type="checkbox"/> *Back-Up Lights	<input type="checkbox"/> Rear Bumper
<input type="checkbox"/> Battery	<input type="checkbox"/> *Brakes	<input type="checkbox"/> Tires	<input type="checkbox"/> Top
<input type="checkbox"/> Engine	<input type="checkbox"/> Play In Steering	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Engine Oil
<input type="checkbox"/> *Windshield Wipers	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Power Steering	<input type="checkbox"/> *Head Lights	<input type="checkbox"/> Grill	<input type="checkbox"/> Transmission Fluid

Driver's Signature: _____

CAB	DRIVER SIDE	REAR	PASSENGER SIDE
<input type="checkbox"/> *Emergency/Running Lights	<input type="checkbox"/> Scene Vests (Red Bag)	<input type="checkbox"/> *(2) SCBA	<input type="checkbox"/> *Air Monitor
<input type="checkbox"/> *Sirens	<input type="checkbox"/> -Command	<input type="checkbox"/> H2O Extinguisher	<input type="checkbox"/> Spare Radio Mics
<input type="checkbox"/> *Horn	<input type="checkbox"/> -Safety	<input type="checkbox"/> Dry Chem Extinguisher	<input type="checkbox"/> Binoculars
<input type="checkbox"/> *Radios: 2 Main & 2 Portables	<input type="checkbox"/> -Medical	<input type="checkbox"/> Haligan	<input type="checkbox"/> (3) Flashlights (Charging)
<input type="checkbox"/> *Flashlight	<input type="checkbox"/> -PIO	<input type="checkbox"/> Bolt Cutters	<input type="checkbox"/> Pig Tail
<input type="checkbox"/> *Spotlight	<input type="checkbox"/> -Triage	<input type="checkbox"/> (10) TIMS Cones	<input type="checkbox"/> (6) Radio Batteries in Charger
<input type="checkbox"/> *Garage Door Opener	<input type="checkbox"/> -Rehab	<input type="checkbox"/> TIMS Sign	
<input type="checkbox"/> Keys: Vehicle & Fuel	<input type="checkbox"/> -Staging Manager	<input type="checkbox"/> TIMS Light Wand	
<input type="checkbox"/> Fuel _____%	<input type="checkbox"/> Lockout Kit	<input type="checkbox"/> Jumper Cables	
<input type="checkbox"/> Cell Phone w/ Charger	<input type="checkbox"/> Fire Line Tape	<input type="checkbox"/> Reciever Hitch	
<input type="checkbox"/> (2) Headsets	<input type="checkbox"/> FDC Key	<input type="checkbox"/> RIT Bag	
<input type="checkbox"/> Box Maps & Foldout Map	<input type="checkbox"/> Throw Rope	<input type="checkbox"/> MCI Equipment	
<input type="checkbox"/> (3) Mapscos	<input type="checkbox"/> (5) TIMS Strobes	<input type="checkbox"/> Flashlight (Charging)	
<input type="checkbox"/> Apartment Map	<input type="checkbox"/> (6) Landing Zone Strobes		
<input type="checkbox"/> TXU Map	<input type="checkbox"/> (8) Hazmat Suits		
<input type="checkbox"/> Airport Map	<input type="checkbox"/> Mini Med Bag		
<input type="checkbox"/> "After The Fire" Book	<input type="checkbox"/> AED		
<input type="checkbox"/> Emer. Comm. Book	<input type="checkbox"/> Medical Gloves		
<input type="checkbox"/> Hazmat Books	<input type="checkbox"/> Emer. Response Manual		
<input type="checkbox"/> Clipboard w/ Forms	<input type="checkbox"/> Northlake EAP		
<input type="checkbox"/> MDT (Logged On)	<input type="checkbox"/> "After The Fire" Manuals		
<input type="checkbox"/> Command Board	<input type="checkbox"/> Hazmat Guide		
<input type="checkbox"/> Accountability Tags	<input type="checkbox"/> Emer. Action Guides		
	<input type="checkbox"/> Protocol Book		
	<input type="checkbox"/> Radiation Detection Kit		

Indicates Item is O.K.
 * Indicates Item to Operate
 O Indicates Item Operated
 X Indicates Discrepancy

Comments:

MEDICAL BAG		EKG Monitor
INSIDE	LEFT	Leads w/ 12-Lead Attachement
<input type="checkbox"/> O ₂ Cylinder/Regulator/Handle	<input type="checkbox"/> Medication Kit	<input type="checkbox"/> Defib Cable/Pads
<input type="checkbox"/> BVM (Adult, Pedi, Infant)	<input type="checkbox"/> -Band aids, Alcohol, Iodine	<input type="checkbox"/> -Adult, Pedi
<input type="checkbox"/> Oral Airways	<input type="checkbox"/> -Aspirin	<input type="checkbox"/> EtCO ₂ (Inline, Adult, Pedi)
<input type="checkbox"/> -50, 60, 70, 80, 90, 100mm	<input type="checkbox"/> -Nitro Spray	<input type="checkbox"/> NiBP
<input type="checkbox"/> Nasal Airways	<input type="checkbox"/> -(2) Ammonia Caps	<input type="checkbox"/> -Adult, Pedi, Infant Cuffs
<input type="checkbox"/> -22, 26, 30fr	<input type="checkbox"/> -(2) Amiodarone	<input type="checkbox"/> Pulse Ox, Pedi Pulse Ox
<input type="checkbox"/> Adult NRB	<input type="checkbox"/> -(2) 1/1,000 Epinephrine	<input type="checkbox"/> Spare ECG Pads
<input type="checkbox"/> Pedi NRB	<input type="checkbox"/> -(2) Albuterol	<input type="checkbox"/> -1ea Pedi/Adult
<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> -(2) Solu-medrol	<input type="checkbox"/> Razors
<input type="checkbox"/> Nebulizer	<input type="checkbox"/> -Brethine	<input type="checkbox"/> Paper
<input type="checkbox"/> BAAM Tip	<input type="checkbox"/> -Zofran	<input type="checkbox"/> Temperature Cable
<input type="checkbox"/> PEEP Valve	<input type="checkbox"/> -Phenergan	<input type="checkbox"/> Test Load
<input type="checkbox"/> Medication Box	<input type="checkbox"/> -Thiamine	
<input type="checkbox"/> -(2) 1/10,000 Epinephrine	<input type="checkbox"/> -Benadryl	
<input type="checkbox"/> -(3) Adenosine	<input type="checkbox"/> -Tetracaine	
<input type="checkbox"/> -(2) Narcan	<input type="checkbox"/> -10cc NS Prefill	
<input type="checkbox"/> -(1) Lidocaine	<input type="checkbox"/> -(2) 3cc Syringe	
<input type="checkbox"/> -(1) Atropine	<input type="checkbox"/> -(2) 10cc Syringe	
TOP	<input type="checkbox"/> -MAD Tip	
<input type="checkbox"/> ET Tubes	<input type="checkbox"/> -(2) 1cc Syringe	
<input type="checkbox"/> -3, 4, 5, 6, 7, 8, 9mm	<input type="checkbox"/> -(2) 18g Needles	
<input type="checkbox"/> King Airway	<input type="checkbox"/> -(2) 21g Needles	
<input type="checkbox"/> -(1 ea.) S, M, L	<input type="checkbox"/> -(2) 25g Needles	
<input type="checkbox"/> Boogie Tube	RIGHT	
<input type="checkbox"/> Broslow Tape	Handheld Suction	
FRONT LEFT	REAR	
<input type="checkbox"/> MacIntosh Blades 2-4	<input type="checkbox"/> BP Cuff	
<input type="checkbox"/> Miller Blades 0-4	<input type="checkbox"/> Stethoscope	
<input type="checkbox"/> EID	<input type="checkbox"/> 4x4	
<input type="checkbox"/> 10cc Syringe	<input type="checkbox"/> Quikclot	
<input type="checkbox"/> Tester Blade	<input type="checkbox"/> Petroleum Gauze	
<input type="checkbox"/> Large Scope Handle	<input type="checkbox"/> Sterile Water Rinse	
<input type="checkbox"/> Small Scope Handle	<input type="checkbox"/> (4) Roller Gauze	
<input type="checkbox"/> Tube Holder (Adult/Pedi)	<input type="checkbox"/> (4) Triangle Bandage	
<input type="checkbox"/> Large Magill Forceps	<input type="checkbox"/> 1" & 2" Tape	
<input type="checkbox"/> Small Magill Forceps	<input type="checkbox"/> Glucometer	
FRONT RIGHT	<input type="checkbox"/> Glucopaste	
<input type="checkbox"/> NS (500cc & 100cc)	<input type="checkbox"/> Glucagon	
<input type="checkbox"/> 60gtts Set	<input type="checkbox"/> 50% Dextrose (D50)	
<input type="checkbox"/> 10gtts Set	<input type="checkbox"/> Ring Cutter	
<input type="checkbox"/> Veniguard (Adult/Pedi) (zipper)	<input type="checkbox"/> Trauma Shears	
<input type="checkbox"/> Tourniquets	<input type="checkbox"/> Penlight	
<input type="checkbox"/> IV Caths	<input type="checkbox"/> Emesis Bag	
<input type="checkbox"/> -24g, 22g, 20g, 18g, 16g, 14g	<input type="checkbox"/> (2) ABD Pad	
<input type="checkbox"/> Sharp Shuttle	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Band aids (zipper)	<input type="checkbox"/> Heat Pack	
<input type="checkbox"/> Alcohol Preps (zipper)	<input type="checkbox"/> Trauma Dressing (zipper)	
	<input type="checkbox"/> Burn Sheet (zipper)	

COPPELL FIRE DEPARTMENT DAILY MICU CHECK SHEET

DATE: _____ SHIFT: _____ UNIT #: _____ DRIVER: _____ LEAD MEDIC: _____

CITY VEHICLE INSPECTION INFORMATION

INSPECTION STICKER EXPIRATION DATE: _____

ODOMETER MILEAGE: _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> *Horn
<input type="checkbox"/> Mirror
<input type="checkbox"/> Glass
<input type="checkbox"/> Battery
<input type="checkbox"/> Engine
<input type="checkbox"/> *Windshield Wipers
<input type="checkbox"/> Power Steering | <input type="checkbox"/> *Turn Indicator
<input type="checkbox"/> Seats
<input type="checkbox"/> *4-way Flashers
<input type="checkbox"/> *Brakes
<input type="checkbox"/> Play In Steering
<input type="checkbox"/> Exhaust System
<input type="checkbox"/> *Head Lights | <input type="checkbox"/> *Tail Lights
<input type="checkbox"/> *Brake Lights
<input type="checkbox"/> *Back-Up Lights
<input type="checkbox"/> Tires
<input type="checkbox"/> Seat Belts
<input type="checkbox"/> Front Bumper
<input type="checkbox"/> Grill | <input type="checkbox"/> Left Doors
<input type="checkbox"/> Right Doors
<input type="checkbox"/> Rear Bumper
<input type="checkbox"/> Top
<input type="checkbox"/> Engine Oil
<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Transmission Fluid |
|--|---|---|---|

Driver's Signature: _____

Cab	Airway Compartment	Trauma Compartment	Medications Compartments
<input type="checkbox"/> *Emergency/Running Lights	Tag#	Tag#	Tag#
<input type="checkbox"/> *Sirens	Tag#	Tag#	Tag#
<input type="checkbox"/> *Air Horn	<input type="checkbox"/> Adult BVM	<input type="checkbox"/> (2) Buretrol	<input type="checkbox"/> (3) Adenosine
<input type="checkbox"/> *Main/Portable Radios	<input type="checkbox"/> Pedi BVM	<input type="checkbox"/> (1) OB Kit w/ Mec. Aspirator	<input type="checkbox"/> (2) Albuterol
<input type="checkbox"/> *MDT (Logged On)	<input type="checkbox"/> Infant BVM	<input type="checkbox"/> (7) Sterile Water Rinse	<input type="checkbox"/> (3) Amiodarone
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> King Airway (S, M, L)	<input type="checkbox"/> Chest Decompression Kit	<input type="checkbox"/> (1) Aspirin Bottle
<input type="checkbox"/> Fuel _____% ___Fuel Key	<input type="checkbox"/> Bougie Tube	<input type="checkbox"/> (2) Morgan Lens	<input type="checkbox"/> (3) Atropine
<input type="checkbox"/> (2) Box Maps	<input type="checkbox"/> (2) Nebulizers	<input type="checkbox"/> (2) Asherman Chest Seal	<input type="checkbox"/> (2) Atrovent
<input type="checkbox"/> (3) Mapscos	<input type="checkbox"/> (1) Humidified Water	<input type="checkbox"/> (2) Occlusive Dressings	<input type="checkbox"/> (2) Benadryl
<input type="checkbox"/> Foldout City Map	<input type="checkbox"/> (3) Pedi NRB	<input type="checkbox"/> (1) Yankauer Suction Tips	<input type="checkbox"/> (1) Brethine
<input type="checkbox"/> Clipboard w/ Patient Forms	<input type="checkbox"/> (3) Adult NRB	<input type="checkbox"/> (1) Suction Tubing	<input type="checkbox"/> Cyanokit
<input type="checkbox"/> Exposure Forms	<input type="checkbox"/> (3) Nasal Cannulas	<input type="checkbox"/> Suction Catheters	<input type="checkbox"/> (3) 50% Dextrose (D50)
<input type="checkbox"/> DOT ERG	<input type="checkbox"/> Nasal Airways	<input type="checkbox"/> - (2 ea.) 6, 12, 18fr	<input type="checkbox"/> (2) Enalapril
<input type="checkbox"/> Insurance Card	<input type="checkbox"/> -22, 26, 30fr	<input type="checkbox"/> (3) 30cc Syringes	<input type="checkbox"/> (3) Epinephrine 1/1,000
<input type="checkbox"/> Triage Tags	<input type="checkbox"/> Oral Airways	<input type="checkbox"/> (2) 60cc Syringes	<input type="checkbox"/> (8) Epinephrine 1/10,000
<input type="checkbox"/> Medical Gloves	<input type="checkbox"/> -50, 60, 70, 80, 90, 100mm	<input type="checkbox"/> (3) 1" & 2" Tape	<input type="checkbox"/> (1) Glucagon
<input type="checkbox"/> SpotLight	<input type="checkbox"/> ET Tubes (w/ stylet)	<input type="checkbox"/> (3) Heat Packs	<input type="checkbox"/> (1) Glucopaste
<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> -3, 4, 5, 6, 7, 8, 9mm	<input type="checkbox"/> (3) Cold Packs	<input type="checkbox"/> (2) Haldol
<input type="checkbox"/> KnoxBox Key	<input type="checkbox"/> Pedi EtCO ₂	<input type="checkbox"/> (2) Burn Sheets	<input type="checkbox"/> (2) Lasix
<input type="checkbox"/> MedVault Key	<input type="checkbox"/> Adult EtCO ₂	<input type="checkbox"/> "Burn Free" Burn Gel	<input type="checkbox"/> (2) Labatolol
Outside Compartments			
<input type="checkbox"/> Stair Chair	<input type="checkbox"/> Inline EtCO ₂	<input type="checkbox"/> (3) Trauma Dressings	<input type="checkbox"/> (2) Levophed
<input type="checkbox"/> (2) Water Rescue Equip	<input type="checkbox"/> EID	<input type="checkbox"/> (4) ABD Pads	<input type="checkbox"/> (2) Lidocaine
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> NG Tubes	<input type="checkbox"/> (2) Quik Clot Bandage	<input type="checkbox"/> (2) Magnesium Sulfate
<input type="checkbox"/> (3) DOT Warning Devices	<input type="checkbox"/> - (1 ea.) Ch10, 14, 16, 18	<input type="checkbox"/> (6) Triangle Bandages	<input type="checkbox"/> (3) Narcan
<input type="checkbox"/> Jumper Cables	<input type="checkbox"/> QuickTrach (Adult & Pedi)	<input type="checkbox"/> (6) Roller Gauze	<input type="checkbox"/> (1) NitroStat Spray
<input type="checkbox"/> Water Jug/Cups	<input type="checkbox"/> PEEP Valve	<input type="checkbox"/> Arm Boards (2 long, 2 short)	<input type="checkbox"/> (3) Sodium Bicarbonate (8.4%)
<input type="checkbox"/> Rehab Kit	<input type="checkbox"/> BAAM Tip		<input type="checkbox"/> (2) Solumedrol
<input type="checkbox"/> Hydrant Wrench/Spanners			<input type="checkbox"/> (1) Thiamine
<input type="checkbox"/> Bolt Cutters			<input type="checkbox"/> (1) Tylenol Bottle w/ Cups
<input type="checkbox"/> Flat Head Axe/Haligan			<input type="checkbox"/> (4) Zofran IV
<input type="checkbox"/> *(2) Flashlights			<input type="checkbox"/> (4) Zofran Tabs
<input type="checkbox"/> *(2) SCBAs			
<input type="checkbox"/> Personal RIT Bag			
<input type="checkbox"/> (2) Backboards			
<input type="checkbox"/> Scoop Stretcher			
<input type="checkbox"/> Pedi Immobilization Board			
<input type="checkbox"/> Board Splints			
<input type="checkbox"/> - (2 ea.) Long, Medium, Short			
<input type="checkbox"/> Traction Splint			
<input type="checkbox"/> Pedi Traction Splint			
<input type="checkbox"/> KED			
<input type="checkbox"/> C-Collar Bag			
<input type="checkbox"/> - (2) Adult, (2) Pedi			
<input type="checkbox"/> Vacuum Splint Kit			
<input type="checkbox"/> Transfer Sheet			
Blanket Compartment			
<input type="checkbox"/> (6) Sheets			
<input type="checkbox"/> (6) Blankets			
<input type="checkbox"/> Pillow/Pillowcase			
<input type="checkbox"/> Official Protocol Book			

IV BOARD - PASSENGER SIDE	PATIENT COMPARTMENT	AIRWAY BAG	
10gts & 60gts Set	Protocol "Guide" Book	INSIDE	FRONT RIGHT
500cc Normal Saline	BP Cuff/Stethoscope	O ₂ Cylinder w/ Regulator	Adult NRB
(5) Tourniquets	Calculator		Pedi NRB
(3) IV Catheters	ED Phone List	Inubation Roll	Oral Airways
-14, 16, 18, 20, 22, 24g	(3) O ₂ Flow Meters	-MacIntosh Blades 2-4	-50, 60, 70, 80, 90, 100mm
(10) 4x4 Gauze	Portable Suction (charging)	-Miller Blades 0-4	Nasal Airways (zipper)
(3) Adult Veniguards	-w/ Yankauer, tubing, canister	-EID	-22, 26, 30fr
(3) Pedi Veniguards	MultiCuff Kit	-10cc Syringe	(2) Surgical Lube (zipper)
(10) Band aids	(3) EMS Glove Boxes	-Tester Blade	FRONT LEFT
(4) 25g Needles	Emesis Bags	-Large Scope Handle	Nasal Cannula
(4) 21g Needles	EMS Field Guide	-Small Scope Handle	Nebulizer
(4) 18g Needles	Drug Reference Book	-Tube Holder (Adult, Pedi)	
(4) Ammonia Caps	Antiseptic Hand Foam	-Tape	Magill Forceps (Adult & Pedi)
(10) Glucometer Lancets	(2) Faceshields	(2) Stethoscopes (Pedi/Adult)	PEEP Valve (zipper)
(4) Injection Locks	(2) Sharps Containers	TOP	BAAM Tip (zipper)
(3) 1cc Syringes	Biohazard Bag	ET Tubes	RIGHT
(3) 3cc Syringes	Spare EKG Monitor Battery	-3, 4, 5, 6, 7, 8, 9mm	Handheld Suction
(3) 10cc Syringes	Spare EZ-IO Supplies	King Airway	LEFT
(4) Normal Saline Flush	-Extra Bracelets -XL Needle	-(1 ea.) S, M, L	King Vision w/ (2) blades
(10) Alcohol Preps	-Extra IV Tubing Adapters	Boogie Tube	REAR
(2) Surgical Lube	CPAP Bag	Glidescope Stylet	(3) BVM (Adult, Pedi, Infant)
(5) Nail Polish Remover	-Machine	MEDICAL BAG	
(1) MAD Tips	-Medium Mask & Circuit	INSIDE	TOP
Pen Lights	-O ₂ Tubing	EZ-IO Kit	Broslow Tape
Trauma Shears	-XL & Small Masks	-Needles, Pressure Bag,	Medication Box
Ring Cutter	CPAP Pigtail	Bracelets, Extension Tubing	-(2) 1/10,000 Epinephrine
IV BOARD - DRIVER SIDE	Spare CPAP Circuit	IV Roll w/ 500cc NS	-(3) Adenosine
(10) Alcohol Preps	iStat w/ Printer	-20g, 18g, 16g, 14g IV Caths	-(2) Narcan
(5) Nail Polish Remover	(4) Blunt Cannulas	-(2) 4x4s	-(1) Lidocaine
(10) 4x4 Gauze	(6) Needleless Adapter	-(2) VeniGuards	-(1) Atropine
(2) 1cc Syringes	Computer Printer	-(4) Alcohol Preps	FRONT
(2) 3cc Syringes	Printer Paper	-(4) Band-Aids	Glucometer
(2) 10cc Syringes	Spare Printer Ink	-10gts Set	50% Dextrose (D50)
(3) Adult Veniguards	-Color and Black	-60 gts Set	Glucopaste
(3) Pedi Veniguards	EKG MONITOR	-(2) Tourniquets	Glucagon
(3) IV Catheters	ATTACHED	Medication Kit	Emesis Bag
-14, 16, 18, 20, 22, 24g	(L) Leads/Cables	-(10) Band aids, (5) Alcohol	BP Cuff / Stethoscope
	(L) Adult NiBP	-Aspirin	Heat Pack / Cold Pack
	(L) Adult SpO ₂ w/ Pigtail	-Nitro Spray	Thermometer
	(R) Defib Cable	-(1) Ammonia Caps	Ring Cutter
	LEFT	-(3) Amiodarone	Sharp Shuttle
	12-Lead Cables	-(2) 1/1,000 Epinephrine	Trauma Shears
	RIGHT	-(2) Albuterol	Penlight
	EtCO ₂ (Inline, Adult, Pedi)	-(2) Atrovent	RIGHT
	Pedi SpO ₂ (adhesive)	-Zofran IV	OB Kit
	Adult/Pedi Defib Pads	-(2) Zofran Tablet	LEFT
	TOP	-Thiamine	BP Cuff (Infant/Pedi)
	(3) Razors	-(2) Solu-medrol	Stethoscope (Pedi)
	EKG Electrodes (Adult & Pedi)	-Benadryl	REAR
	Paper (1 Loaded / 1 Spare)	-Haldol	(4) Triangle Bandage
	BACK	-10cc NS Prefill	(4) Roller Gauze
	BP Cuffs	-(2) 3cc Syringe	(10) 4x4
	-Large Adult, Pedi, Infant	-(2) 10cc Syringe	Quick Clot
	Adult CO/SpO ₂	-MAD Tip	(2) Petroleum Gauze
		-(2) 1cc Syringe	1" & 2" Tape
		-(2) 18g Needles	Sterile Water
		-(2) 21g Needles	(2) ABD Pad
		-(2) 25g Needles	Trauma Dressing
		-(1) Injection Lock	Burn Sheet

MEDICAL BAG		EKG Monitor
INSIDE	LEFT	Leads w/ 12-Lead Attachement
O ₂ Cylinder/Regulator/Handle	Medication Kit	Defib Cable/Pads
BVM (Adult, Pedi, Infant)	-Band-aids, Alcohol, Iodine	-Adult, Pedi
Oral Airways	-Aspirin	EtCO ₂ (Inline, Adult, Pedi)
-50, 60, 70, 80, 90, 100mm	-Nitro Spray	NiBP
Nasal Airways	-(2) Ammonia Caps	-Adult, Pedi, Infant Cuffs
-22, 26, 30fr	-(2) Amiodarone	Pulse Ox, Pedi Pulse Ox
Adult NRB	-(2) 1/1,000 Epinephrine	Spare ECG Pads
Pedi NRB	-(2) Albuterol	-1 ea Pedi/Adult
Nasal Cannula	-(2) Solu-medrol	Razors
Nebulizer	-Brethine	Paper
BAAM Tip	-Zofran	Temperature Cable
PEEP Valve	-Phenergan	Test Load
Medication Box	-Thiamine	
-(2) 1/10,000 Epinephrine	-Benadryl	
-(3) Adenosine	-Tetracaine	
-(2) Narcan	-10cc NS Prefill	
-(1) Lidocaine	-(2) 3cc Syringe	
-(1) Atropine	-(2) 10cc Syringe	
TOP	-MAD Tip	
ET Tubes	-(2) 1cc Syringe	
-3, 4, 5, 6, 7, 8, 9mm	-(2) 18g Needles	
King Airway	-(2) 21g Needles	
-(1 ea.) S, M, L	-(2) 25g Needles	
Boogie Tube		
Broslow Tape	RIGHT	
	Handheld Suction	
FRONT LEFT	REAR	
MacIntosh Blades 2-4	BP Cuff	
Miller Blades 0-4	Stethoscope	
EID	4x4	
10cc Syringe	Quikclot	
Tester Blade	Petroleum Gauze	
Large Scope Handle	Sterile Water Rinse	
Small Scope Handle	(4) Roller Gauze	
Tube Holder (Adult/Pedi)	(4) Triangle Bandage	
Large Magill Forceps	1" & 2" Tape	
Small Magill Forceps	Glucometer	
FRONT RIGHT	Glucopaste	
NS (500cc & 100cc)	Glucagon	
60gtts Set	50% Dextrose (D50)	
10gtts Set	Ring Cutter	
Veniguard (Adult/Pedi) (zipper)	Trauma Shears	
Tourniquets	Penlight	
IV Caths	Emesis Bag	
-24g, 22g, 20g, 18g, 16g, 14g	(2) ABD Pad	
Sharp Shuttle	Cold Pack	
Band-aids (zipper)	Heat Pack	
Alcohol Preps (zipper)	Trauma Dressing (zipper)	
	Burn Sheet (zipper)	

COPPELL FIRE DEPARTMENT DAILY RESCUE CHECK SHEET

DATE: 11 SHIFT: _____ UNIT #: _____ ENGINEER: _____ CAPTAIN: _____

CITY VEHICLE INSPECTION INFORMATION

INSPECTION STICKER EXPIRATION DATE: _____ ODOMETER MILEAGE: _____

<input type="checkbox"/> *Horn	<input type="checkbox"/> *Turn Indicator	<input type="checkbox"/> *Tail Lights	<input type="checkbox"/> Left Doors
<input type="checkbox"/> Mirror	<input type="checkbox"/> Seats	<input type="checkbox"/> *Brake Lights	<input type="checkbox"/> Right Doors
<input type="checkbox"/> Glass	<input type="checkbox"/> *4-way Flashers	<input type="checkbox"/> *Back-Up Lights	<input type="checkbox"/> Rear Bumper
<input type="checkbox"/> Battery	<input type="checkbox"/> *Brakes	<input type="checkbox"/> Tires	<input type="checkbox"/> Top
<input type="checkbox"/> Engine	<input type="checkbox"/> Play In Steering	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Engine Oil
<input type="checkbox"/> *Windshield Wipers	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Power Steering	<input type="checkbox"/> *Head Lights	<input type="checkbox"/> Grill	<input type="checkbox"/> Transmission Fluid
Driver's Signature: _____			

CAB	DRIVER 1	PASSENGER 1	PASSENGER 4
<input type="checkbox"/> *Emergency/Running lights	<input type="checkbox"/> (3) Conspace Boxes	<input type="checkbox"/> RamFan & Tube	<input type="checkbox"/> *Hydraulic Power Plant
<input type="checkbox"/> *Sirens	<input type="checkbox"/> -Headsets, Controls, Cables	<input type="checkbox"/> RamFan Heater	<input type="checkbox"/> (2) Hydraulic Reels & Hoses
<input type="checkbox"/> *Air Horn	<input type="checkbox"/> (4) Toolbelt Kits	<input type="checkbox"/> Propane Tank	<input type="checkbox"/> Spreaders
<input type="checkbox"/> *Radios; Main & 4 Portables	<input type="checkbox"/> (2) Tripod Top Plates	<input type="checkbox"/> Trash Pump	<input type="checkbox"/> Cutters
<input type="checkbox"/> *(2) Box Lights	<input type="checkbox"/> GinPole Top Plate	<input type="checkbox"/> -Intake Hose	<input type="checkbox"/> (3) Rams
<input type="checkbox"/> *(4) Flashlights	<input type="checkbox"/> Spare Rotary Blades	<input type="checkbox"/> -Output Hose	<input type="checkbox"/> (2) L Shaped Ram Supports
<input type="checkbox"/> *(2) Atmospheric Monitors	<input type="checkbox"/> Passlode Impulse Nailer	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Foot Pedal
<input type="checkbox"/> *TIC w/ Spare Battery	<input type="checkbox"/> Salvage Tarps / Plastic Rolls	<input type="checkbox"/> (4) High Lift Jacks	<input type="checkbox"/> (3) Fuel Cans
<input type="checkbox"/> *(3) SCBA's	<input type="checkbox"/> (6) Ska Packs	<input type="checkbox"/> (2) Speedsquares	<input type="checkbox"/> -Regular
<input type="checkbox"/> *Garage Door Opener	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> (2) Small Hammers	<input type="checkbox"/> -Mix
<input type="checkbox"/> Fuel Keys; Misc. & Main	<input type="checkbox"/> Toolbox	<input type="checkbox"/> (2) Crowbars	<input type="checkbox"/> Bar Oil
<input type="checkbox"/> Fuel _____ %	DRIVER 2	<input type="checkbox"/> Pipewrench	<input type="checkbox"/> (2) 2-Cycle Oil
<input type="checkbox"/> (4) Headsets	<input type="checkbox"/> PASS Device/SCBA Reg. Kit	<input type="checkbox"/> (2) Sledgehammers	<input type="checkbox"/> Reciever w/ Ball Hitch
<input type="checkbox"/> Box Maps & Foldout Map	<input type="checkbox"/> Power Tool Maint. Kit	<input type="checkbox"/> (2) Hacksaws	<input type="checkbox"/> (2) Bottle Jacks
<input type="checkbox"/> Mapscos	<input type="checkbox"/> Lockout/Tagout Kit	<input type="checkbox"/> (4) Small Shovels	PASSENGER 5
<input type="checkbox"/> Hazmat Books	<input type="checkbox"/> Marking Kit	<input type="checkbox"/> (2) Small Pike Poles	<input type="checkbox"/> (4) Small Shovels
<input type="checkbox"/> Clipboard w/ Forms	<input type="checkbox"/> Nailgun Cans	<input type="checkbox"/> (2) ComeAlongs	<input type="checkbox"/> (2) Flat Shovels
<input type="checkbox"/> (4) Throw Bags	<input type="checkbox"/> (4) 72" Extensions	<input type="checkbox"/> (2) Handsaws	<input type="checkbox"/> (4) Spade Shovels
<input type="checkbox"/> Binoculars	<input type="checkbox"/> (4) 48" Extensions	<input type="checkbox"/> (2) Bolt Cutters	<input type="checkbox"/> Posthole Digger
<input type="checkbox"/> AQUA Camera w/ (8) Batteries	<input type="checkbox"/> (6) 24" Extensions	<input type="checkbox"/> Cable Cutters	<input type="checkbox"/> (4) Sharpshooters
<input type="checkbox"/> Winch Controls (under Capt)	<input type="checkbox"/> (6) "A" Shores	<input type="checkbox"/> "The Claw"	TOP
<input type="checkbox"/> MDT (Logged On)	<input type="checkbox"/> (6) "B" Shores	<input type="checkbox"/> Haligan	<input type="checkbox"/> Little Giant Ladder
<input type="checkbox"/> (2) Spare SCBA Masks	<input type="checkbox"/> (5) "C" Shores	<input type="checkbox"/> Flat Head Axe	<input type="checkbox"/> AirSpade w/ Hopper
<input type="checkbox"/> (6) Strobes	<input type="checkbox"/> (5) "E" Shores	<input type="checkbox"/> Hydrant Set	<input type="checkbox"/> Arizona Vortex Tripod
	<input type="checkbox"/> (6) "F" Shores	<input type="checkbox"/> Prybars	<input type="checkbox"/> - (4) Yellow Bags
FRONT	<input type="checkbox"/> (8) Pickets (Swords)	PASSENGER 2	<input type="checkbox"/> (4) Raker Bases
<input type="checkbox"/> Winch	<input type="checkbox"/> O ₂ Tank	<input type="checkbox"/> Airbags	<input type="checkbox"/> (12) 6' Whalers
<input type="checkbox"/> Assorted Chains w/ Hooks	<input type="checkbox"/> Spare Shoring Pins	<input type="checkbox"/> -8x10	<input type="checkbox"/> 5 Kootenay Pulleys
	<input type="checkbox"/> Red Boxes	<input type="checkbox"/> - (2) 12x12	<input type="checkbox"/> Edge Roller
REAR	<input type="checkbox"/> -23° Pivot & Flat Bases	<input type="checkbox"/> - (2) 21x21	<input type="checkbox"/> (7) Low Pressure Airbags
<input type="checkbox"/> (8) FinForm	<input type="checkbox"/> - (2) Six Spot Shores	<input type="checkbox"/> - (2) 30x30	
<input type="checkbox"/> (7) Ground Planking 4'x8'	<input type="checkbox"/> -Clevises	<input type="checkbox"/> - (2) 36x36	<input type="checkbox"/> Utility Ropes (Bag)
<input type="checkbox"/> (4) Ground Planking 2'x8'	<input type="checkbox"/> -Six Square Bases	<input type="checkbox"/> Dirt Buckets	<input type="checkbox"/> Edge Protection (Bag)
<input type="checkbox"/> (6) 2"x12"x8'	<input type="checkbox"/> - (4) 6" & (6) 12" Extensions	<input type="checkbox"/> (5) Airhose Boxes	<input type="checkbox"/> (6) 200' Rope
<input type="checkbox"/> (2) 16' Ext. Ladders	DRIVER 3	<input type="checkbox"/> - (3) Airshore	<input type="checkbox"/> (2) 300' Rope
<input type="checkbox"/> Assorted Cribbing	<input type="checkbox"/> (2) Air Hose Reels	<input type="checkbox"/> -High Pressure Airbags	<input type="checkbox"/> (1) 150' Rope
<input type="checkbox"/> (4) Stepchocks	<input type="checkbox"/> Air Hose	<input type="checkbox"/> -Low Pressure Airbags	<input type="checkbox"/> (3) Hardware Bags
<input type="checkbox"/> (4) Pike Poles	<input type="checkbox"/> (14) SCBA Bottles	PASSENGER 3	<input type="checkbox"/> (7) Rescuer Kits
<input type="checkbox"/> (4) 4X6X8	DRIVER 4	<input type="checkbox"/> *(2) Chain Saw	<input type="checkbox"/> Stokes Basket W/ Backboard
<input type="checkbox"/> (6) 4X4X8	<input type="checkbox"/> *Light Tower Controls	<input type="checkbox"/> *Rotary Saw	
<input type="checkbox"/> (3) 2X4X8	<input type="checkbox"/> *SCBA	<input type="checkbox"/> (2) 110v Chainsaws	<input type="checkbox"/> Reeves Sleeve
<input type="checkbox"/> Portable Light (Rear Mounted)	<input type="checkbox"/> *Cascade Controls	<input type="checkbox"/> Powder Gun	<input type="checkbox"/> LSP Halfback
	<input type="checkbox"/> Cascade Pressure _____ psi	<input type="checkbox"/> Recipricating Saw	<input type="checkbox"/> (4) Loose Harnesses
	<input type="checkbox"/> (2) Electric Cord Reels	<input type="checkbox"/> Rotary Hammer	
	<input type="checkbox"/> Air Cart w/ Bottles	<input type="checkbox"/> Circular Saw	
	<input type="checkbox"/> (4) Portable Lights	<input type="checkbox"/> (2) Cordless Drill	
	<input type="checkbox"/> (4) Junction Boxes	<input type="checkbox"/> Air Tool Sockets	
	<input type="checkbox"/> Assorted Pigtails	<input type="checkbox"/> Chainsaw Pants	
	<input type="checkbox"/> Headset	<input type="checkbox"/> Hearing Protection	
	DRIVER 5	<input type="checkbox"/> Spare Bar, Chain & Sprocket	
	<input type="checkbox"/> Assorted Cribbing	<input type="checkbox"/> Ext. Cord	

Indicates Item is O.K.
 * Indicates Item to Operate
 O Indicates Item Operated
 X Indicates Descrpancy

12
DATE: _____

COPPELL FIRE DEPARTMENT DAILY SQUAD CHECK SHEET

SHIFT: _____ UNIT #: _____ DRIVER: _____ OFFICER: _____

CITY VEHICLE INSPECTION INFORMATION

INSPECTION STICKER EXPIRATION DATE: _____

ODOMETER MILEAGE: _____

<input type="checkbox"/> *Horn	<input type="checkbox"/> *Turn Indicator	<input type="checkbox"/> *Tail Lights	<input type="checkbox"/> Left Doors
<input type="checkbox"/> Mirror	<input type="checkbox"/> Seats	<input type="checkbox"/> *Brake Lights	<input type="checkbox"/> Right Doors
<input type="checkbox"/> Glass	<input type="checkbox"/> *4-way Flashers	<input type="checkbox"/> *Back-Up Lights	<input type="checkbox"/> Rear Bumper
<input type="checkbox"/> Battery	<input type="checkbox"/> *Brakes	<input type="checkbox"/> Tires	<input type="checkbox"/> Top
<input type="checkbox"/> Engine	<input type="checkbox"/> Play In Steering	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Engine Oil
<input type="checkbox"/> *Windshield Wipers	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Power Steering	<input type="checkbox"/> *Head Lights	<input type="checkbox"/> Grill	<input type="checkbox"/> Transmission Fluid

Driver's Signature: _____

CAB	DRIVER'S SIDE 1	PASSENGER SIDE 1	FRONT
<input type="checkbox"/> *Emergency/Running Lights	<input type="checkbox"/> *(2) SCBA	<input type="checkbox"/> *(2) SCBA	<input type="checkbox"/> Bumper Turret w/ Nozzle
<input type="checkbox"/> *Sirens	<input type="checkbox"/> Flashlight	<input type="checkbox"/> Box Light	<input type="checkbox"/> Winch
<input type="checkbox"/> *Main Radio	<input type="checkbox"/> Box Light	<input type="checkbox"/> Flashlight	SATURDAY CHECK
<input type="checkbox"/> *4 Portable Radios	DRIVER'S SIDE 2	PASSENGER SIDE 2	<input type="checkbox"/> Detail Interior/Exterior
<input type="checkbox"/> *Garage Door Opener	<input type="checkbox"/> *(2) Chainsaws	<input type="checkbox"/> Water Extinguisher	<input type="checkbox"/> Fluid Check
<input type="checkbox"/> Clipboard W/ Forms	<input type="checkbox"/> *Reciprocating Saw	<input type="checkbox"/> Dry-Chem Extinguisher	<input type="checkbox"/> -Coolant
<input type="checkbox"/> Insurance Card	<input type="checkbox"/> Toolbox	<input type="checkbox"/> Wheel Chock	<input type="checkbox"/> -Fuel
<input type="checkbox"/> Keys: Vehicle & Fuel	<input type="checkbox"/> Spare Chain	<input type="checkbox"/> 2½" Hose (50')	<input type="checkbox"/> -Hydraulic
<input type="checkbox"/> Fuel _____ %	DRIVER'S SIDE 3	<input type="checkbox"/> (5) 100' 1½" Lightweight Hose	<input type="checkbox"/> -Power Steering
<input type="checkbox"/> Cell Phone w/ Charger	<input type="checkbox"/> Sledge Hammer	PASSENGER SIDE 3	<input type="checkbox"/> Brushguard Lights
<input type="checkbox"/> Coppell Map Book	<input type="checkbox"/> Haligan Bar	<input type="checkbox"/> Strainer	<input type="checkbox"/> Winch Operation
<input type="checkbox"/> Foldout Map	<input type="checkbox"/> Flat Head Axe	<input type="checkbox"/> Ball Valve Primer	<input type="checkbox"/> Battery Terminals
<input type="checkbox"/> (3) Mapscos	<input type="checkbox"/> Pick Head Axe	<input type="checkbox"/> Hydrant Set	<input type="checkbox"/> Belts, Hoses, Pulleys
<input type="checkbox"/> TXU Map	<input type="checkbox"/> Bolt Cutters	<input type="checkbox"/> Rubber Mallet	<input type="checkbox"/> Pump Operation
<input type="checkbox"/> Airport Map	<input type="checkbox"/> EMS Bag	<input type="checkbox"/> (10) 1" Adapters	<input type="checkbox"/> Tire Pressure Readings (psi)
<input type="checkbox"/> Binoculars	TOP	<input type="checkbox"/> (7) 2½" Adapters	<input type="checkbox"/> ___ Left Front
<input type="checkbox"/> Bumper Nozzle Controls	<input type="checkbox"/> *Booster Pump Fuel Level	<input type="checkbox"/> (3) Forestry Nozzles	<input type="checkbox"/> ___ Left Rear
<input type="checkbox"/> Winch Controls	<input type="checkbox"/> (2) Fuel Cans	<input type="checkbox"/> (5) Wye	<input type="checkbox"/> ___ Right Rear
<input type="checkbox"/> MDT (Logged On)	<input type="checkbox"/> Spare Tire	<input type="checkbox"/> (5) 100' 1" Forestry Hose	<input type="checkbox"/> ___ Right Front
	<input type="checkbox"/> Vehicle Jack		<input type="checkbox"/> Undercarriage
	REAR		<input type="checkbox"/> -Damage
	<input type="checkbox"/> *Booster Pump		<input type="checkbox"/> -Exhaust
	<input type="checkbox"/> Booster Tank Level		
	<input type="checkbox"/> Foam Tank Level		
	<input type="checkbox"/> 1¾" Preconnect w/ Nozzle		
	<input type="checkbox"/> (4) Fire Brooms		
	<input type="checkbox"/> (3) Hard Suction Hose		
	<input type="checkbox"/> (3) Council Combi-Tools		
	<input type="checkbox"/> 6' Trash Hook		
	<input type="checkbox"/> 6' Pike Pole		
	<input type="checkbox"/> Round Shovel		
	<input type="checkbox"/> 1" Preconnect Hose Reel w/ Nozzle		

Indicates Item is O.K.
 * Indicates Item to Operate
 O Indicates Item Operated
 X Indicates Descrepancy

Comments:

COPPELL FIRE DEPARTMENT DAILY TRUCK CHECK SHEET

DATE: _____ SHIFT: _____ UNIT #: _____ ENGINEER: _____ CAPTAIN: _____

CITY VEHICLE INSPECTION INFORMATION

INSPECTION STICKER EXPIRATION DATE: _____ ODOMETER MILEAGE: _____

<input type="checkbox"/> *Horn	<input type="checkbox"/> *Turn Indicator	<input type="checkbox"/> *Tail Lights	<input type="checkbox"/> Left Doors
<input type="checkbox"/> Mirror	<input type="checkbox"/> Seats	<input type="checkbox"/> *Brake Lights	<input type="checkbox"/> Right Doors
<input type="checkbox"/> Glass	<input type="checkbox"/> *4-way Flashers	<input type="checkbox"/> *Back-Up Lights	<input type="checkbox"/> Rear Bumper
<input type="checkbox"/> Battery	<input type="checkbox"/> *Brakes	<input type="checkbox"/> Tires	<input type="checkbox"/> Top
<input type="checkbox"/> Engine	<input type="checkbox"/> Play In Steering	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Engine Oil
<input type="checkbox"/> *Windshield Wipers	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Power Steering	<input type="checkbox"/> *Head Lights	<input type="checkbox"/> Grill	<input type="checkbox"/> Transmission Fluid

Driver's Signature: _____

CAB	DS 1ST COMPARTMENT	PS 1ST COMPARTMENT	REAR
<input type="checkbox"/> *Emergency/Running lights	<input type="checkbox"/> 25' Shortshot	<input type="checkbox"/> (2) 50' Ext. Cords (10-3)	<input type="checkbox"/> Stabilizer Control
<input type="checkbox"/> *Sirens	<input type="checkbox"/> Air Guage	<input type="checkbox"/> 100' Ext. Cord (16-3)	<input type="checkbox"/> 35' Ladder
<input type="checkbox"/> *Air Horn	<input type="checkbox"/> Air Chuck	<input type="checkbox"/> (2) 25' Ext. Cords (16-3)	<input type="checkbox"/> 24' Ladder
<input type="checkbox"/> *Main Radio	<input type="checkbox"/> (2) Spanners	<input type="checkbox"/> Pig Tails	<input type="checkbox"/> (2) 16' Ladders
<input type="checkbox"/> *(5) Portable Radios	<input type="checkbox"/> (2) Stortz Spanners	<input type="checkbox"/> (3) Portable Lights	<input type="checkbox"/> 14' Ladder
<input type="checkbox"/> *Spot Light	<input type="checkbox"/> Hydrant Wrench	<input type="checkbox"/> (2) Salvage Tarps	<input type="checkbox"/> 10' Folding Ladder
<input type="checkbox"/> *(5) SCBA's	<input type="checkbox"/> Rubber Mallet	<input type="checkbox"/> Flat Head Axe/Haligan	<input type="checkbox"/> (2) 12' Pike Poles
<input type="checkbox"/> *(2) Box Lights	<input type="checkbox"/> FDC Key	<input type="checkbox"/> Dry Chem Extinguisher	<input type="checkbox"/> (2) 8' Pike Poles
<input type="checkbox"/> *(4) Flashlights	<input type="checkbox"/> 2.5" to 1.5" Gated Wye	<input type="checkbox"/> Water Extinguisher	<input type="checkbox"/> (2) 6' Pike Poles
<input type="checkbox"/> *Atmospheric Monitor	<input type="checkbox"/> Adapters	<input type="checkbox"/> Rabbit Tool	<input type="checkbox"/> (2) Trash Hooks
<input type="checkbox"/> *ThrmI Imager w/ Spare Batt.	<input type="checkbox"/> -Double Male & Female	<input type="checkbox"/> K Tool	<input type="checkbox"/> 300" 5" LDH
<input type="checkbox"/> *ECG Monitor	<input type="checkbox"/> -1½" Female to 2½" Male	<input type="checkbox"/> Elevator Keys	<input type="checkbox"/> Hydrant Bag
<input type="checkbox"/> *Garage Door Opener	<input type="checkbox"/> -1½" Male to 2½" Female	<input type="checkbox"/> (2) 2x2' Air Bags	<input type="checkbox"/> -4½" Stortz Adapter
<input type="checkbox"/> Medical Bag	DS 2ND COMPARTMENT	<input type="checkbox"/> (2) 18"x18" Air Bags	<input type="checkbox"/> -4.0" Stortz Adapter
<input type="checkbox"/> Airway Bag O ₂ _____ psi.	<input type="checkbox"/> (15) Salvage Tarps	<input type="checkbox"/> (2) 12"x12" Air Bags	<input type="checkbox"/> -2½" Gate Valve
<input type="checkbox"/> C-Collars	<input type="checkbox"/> (2) Canvas Bags	<input type="checkbox"/> 8"x10" Air Bag	<input type="checkbox"/> -(2) Stortz Spanners
<input type="checkbox"/> Medical Gloves	<input type="checkbox"/> Tool Belt	PS 2ND COMPARTMENT	<input type="checkbox"/> -Hydrant Wrench
<input type="checkbox"/> Nextel/Charger	<input type="checkbox"/> 16D 3½" Nails / Drywall Screws	<input type="checkbox"/> Push Broom	
<input type="checkbox"/> Fuel Key, Fuel _____ %	<input type="checkbox"/> Roofing Nails	PS 3RD COMPARTMENT	
<input type="checkbox"/> (4) Headsets	<input type="checkbox"/> Salvage Kit	PS 4TH COMPARTMENT	
<input type="checkbox"/> Knox Box Key	DS 3RD COMPARTMENT	<input type="checkbox"/> *Hydraulic Power Plant	TOP
<input type="checkbox"/> Box Maps (Coppell & Lewis.)	<input type="checkbox"/> *SCBA	<input type="checkbox"/> Cutters	<input type="checkbox"/> 14' Roof Ladder
<input type="checkbox"/> (3) Mapscos	<input type="checkbox"/> (4) Res-Q-Jacks	<input type="checkbox"/> Spreaders	<input type="checkbox"/> Backboard w/ Straps
<input type="checkbox"/> Hazmat Books/ERG	<input type="checkbox"/> TIMS Sign/Wand/Cones	<input type="checkbox"/> (2) Rams	<input type="checkbox"/> Stokes Basket w/ Straps
<input type="checkbox"/> Emerg. Comm. Procedures	<input type="checkbox"/> T Handle Valve Wrench	<input type="checkbox"/> (2) Hydraulic Hoses	<input type="checkbox"/> (2) Rescue Rope
<input type="checkbox"/> Clipboard W/ Forms	<input type="checkbox"/> Shovel	<input type="checkbox"/> (2) L Shaped Ram Supports	<input type="checkbox"/> (2) Belay Rope
<input type="checkbox"/> (3) Pick Head Axes/Sheaths	<input type="checkbox"/> (2) Bolt Cutters	<input type="checkbox"/> Tool Tarp	<input type="checkbox"/> (4) Throw Bags
<input type="checkbox"/> Lock Out Kit	<input type="checkbox"/> (2) Sledge Hammers	PS 4TH COMPARTMENT	<input type="checkbox"/> (4) Rescue PFDs
<input type="checkbox"/> (5) Ladder Belts	<input type="checkbox"/> Flat Head Axe/Haligan	<input type="checkbox"/> Assorted Cribbing	<input type="checkbox"/> (4) Water Rescue Helmets
<input type="checkbox"/> Circular Saw	<input type="checkbox"/> Water Jug	<input type="checkbox"/> RIT Tarp	<input type="checkbox"/> Life Preserver
<input type="checkbox"/> Recip Saw w/ Extra Blades	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> RIT Pack	<input type="checkbox"/> (4) Ladder Belts
<input type="checkbox"/> Hammer Drill w/ Extra Bits	<input type="checkbox"/> (4) Tool Boxes	<input type="checkbox"/> Utility Rope	<input type="checkbox"/> Stokes Webbing Harness
<input type="checkbox"/> (6) 24V Batteries	<input type="checkbox"/> (2) Wrench Sets	<input type="checkbox"/> Assorted Chain Boxes	<input type="checkbox"/> (4) Rescue Harnesses
<input type="checkbox"/> Observer Vest		<input type="checkbox"/> Air Bag Kit	<input type="checkbox"/> (2) Pick Head Axes
<input type="checkbox"/> Binoculars		<input type="checkbox"/> - (3) Air Hoses	<input type="checkbox"/> Rescue Bag
DRIVERS SIDE	DS 4TH COMPARTMENT	<input type="checkbox"/> - (4) Pig Tails	<input type="checkbox"/> -Rope Protector
<input type="checkbox"/> (2) Wheel Chocks	<input type="checkbox"/> *(2) Chain Saws	<input type="checkbox"/> -Air Bag Regulator	<input type="checkbox"/> -Rapelling Rack
<input type="checkbox"/> (2) Trash Hooks	<input type="checkbox"/> *(2) Rotary Saws	<input type="checkbox"/> -SCBA Regulator	<input type="checkbox"/> -(2) Pullies
<input type="checkbox"/> (2) Crosslays w/ Nozzles	<input type="checkbox"/> *PPV Fan	<input type="checkbox"/> Air Hammer Rescue Kit	<input type="checkbox"/> -(2) Red Webbing (20')
<input type="checkbox"/> (3) SCBA Bottles	<input type="checkbox"/> Extra Chain		<input type="checkbox"/> -Black Webbing (25')
<input type="checkbox"/> (2) Ground Pads	<input type="checkbox"/> Mix Fuel		<input type="checkbox"/> -(3) Pairs of Prussiks
PASSENGER SIDE	<input type="checkbox"/> Regular Fuel		
<input type="checkbox"/> (2) Wheel Chocks	<input type="checkbox"/> Funnel		
<input type="checkbox"/> (4) SCBA Bottles	<input type="checkbox"/> Bar & Chain Oil		
<input type="checkbox"/> (2) Ground Pads	<input type="checkbox"/> 2-Cycle Engine Oil		

MEDICAL BAG		EKG Monitor
INSIDE	LEFT	Leads w/ 12-Lead Attachement
<input type="checkbox"/> O ₂ Cylinder/Regulator/Handle	<input type="checkbox"/> Medication Kit	<input type="checkbox"/> Defib Cable/Pads
<input type="checkbox"/> BVM (Adult, Pedi, Infant)	<input type="checkbox"/> -Band-aids, Alcohol, Iodine	<input type="checkbox"/> -Adult, Pedi
<input type="checkbox"/> Oral Airways	<input type="checkbox"/> -Aspirin	<input type="checkbox"/> EtCO ₂ (Inline, Adult, Pedi)
<input type="checkbox"/> -50, 60, 70, 80, 90, 100mm	<input type="checkbox"/> -Nitro Spray	<input type="checkbox"/> NiBP
<input type="checkbox"/> Nasal Airways	<input type="checkbox"/> -(2) Ammonia Caps	<input type="checkbox"/> -Adult, Pedi, Infant Cuffs
<input type="checkbox"/> -22, 26, 30fr	<input type="checkbox"/> -(2) Amiodarone	<input type="checkbox"/> Pulse Ox, Pedi Pulse Ox
<input type="checkbox"/> Adult NRB	<input type="checkbox"/> -(2) 1/1,000 Epinephrine	<input type="checkbox"/> Spare ECG Pads
<input type="checkbox"/> Pedi NRB	<input type="checkbox"/> -(2) Albuterol	<input type="checkbox"/> -1ea Pedi/Adult
<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> -(2) Solu-medrol	<input type="checkbox"/> Razors
<input type="checkbox"/> Nebulizer	<input type="checkbox"/> -Brethine	<input type="checkbox"/> Paper
<input type="checkbox"/> BAAM Tip	<input type="checkbox"/> -Zofran	<input type="checkbox"/> Temperature Cable
<input type="checkbox"/> PEEP Valve	<input type="checkbox"/> -Phenergan	<input type="checkbox"/> Test Load
<input type="checkbox"/> Medication Box	<input type="checkbox"/> -Thiamine	
<input type="checkbox"/> -(2) 1/10,000 Epinephrine	<input type="checkbox"/> -Benadryl	
<input type="checkbox"/> -(3) Adenosine	<input type="checkbox"/> -Tetracaine	
<input type="checkbox"/> -(2) Narcan	<input type="checkbox"/> -10cc NS Prefill	
<input type="checkbox"/> -(1) Lidocaine	<input type="checkbox"/> -(2) 3cc Syringe	
<input type="checkbox"/> -(1) Atropine	<input type="checkbox"/> -(2) 10cc Syringe	
TOP	<input type="checkbox"/> -MAD Tip	
<input type="checkbox"/> ET Tubes	<input type="checkbox"/> -(2) 1cc Syringe	
<input type="checkbox"/> -3, 4, 5, 6, 7, 8, 9mm	<input type="checkbox"/> -(2) 18g Needles	
<input type="checkbox"/> King Airway	<input type="checkbox"/> -(2) 21g Needles	
<input type="checkbox"/> -(1 ea.) S, M, L	<input type="checkbox"/> -(2) 25g Needles	
<input type="checkbox"/> Boogie Tube	RIGHT	
<input type="checkbox"/> Broslow Tape	<input type="checkbox"/> Handheld Suction	
FRONT LEFT	REAR	
<input type="checkbox"/> MacIntosh Blades 2-4	<input type="checkbox"/> BP Cuff	
<input type="checkbox"/> Miller Blades 0-4	<input type="checkbox"/> Stethoscope	
<input type="checkbox"/> EID	<input type="checkbox"/> 4x4	
<input type="checkbox"/> 10cc Syringe	<input type="checkbox"/> Quikclot	
<input type="checkbox"/> Tester Blade	<input type="checkbox"/> Petroleum Gauze	
<input type="checkbox"/> Large Scope Handle	<input type="checkbox"/> Sterile Water Rinse	
<input type="checkbox"/> Small Scope Handle	<input type="checkbox"/> (4) Roller Gauze	
<input type="checkbox"/> Tube Holder (Adult/Pedi)	<input type="checkbox"/> (4) Triangle Bandage	
<input type="checkbox"/> Large Magill Forceps	<input type="checkbox"/> 1" & 2" Tape	
<input type="checkbox"/> Small Magill Forceps	<input type="checkbox"/> Glucometer	
FRONT RIGHT	<input type="checkbox"/> Glucopaste	
<input type="checkbox"/> NS (500cc & 100cc)	<input type="checkbox"/> Glucagon	
<input type="checkbox"/> 60gtts Set	<input type="checkbox"/> 50% Dextrose (D50)	
<input type="checkbox"/> 10gtts Set	<input type="checkbox"/> Ring Cutter	
<input type="checkbox"/> Veniguard (Adult/Pedi) (zipper)	<input type="checkbox"/> Trauma Shears	
<input type="checkbox"/> Tourniquets	<input type="checkbox"/> Penlight	
<input type="checkbox"/> IV Caths	<input type="checkbox"/> Emesis Bag	
<input type="checkbox"/> -24g, 22g, 20g, 18g, 16g, 14g	<input type="checkbox"/> (2) ABD Pad	
<input type="checkbox"/> Sharp Shuttle	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Band-aids (zipper)	<input type="checkbox"/> Heat Pack	
<input type="checkbox"/> Alcohol Preps (zipper)	<input type="checkbox"/> Trauma Dressing (zipper)	
	<input type="checkbox"/> Burn Sheet (zipper)	