

## Vehicle Equipment Check Sheet



Vehicle Number:	Date:
Inspector's Name (print):	

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			Status/	Quantity R	emaining	
					Needs	
			New/	Used/	Replaced	
	Description		Full ✓	>50%	/ <50%	
First A	st Aid Kit			✓	✓	
1	Instruction Sheet					
2	CPR Resuscitator/ Airway Barrie	er				
3	Bandage Adhesive Strips (Box 1 of 2)					
4	Bandage Adhesive Strips (Box 2 of 2)					
5	Bandage Compress 4" (Box 1 of 2)					
6	Bandage Compress 4" (Box 2 of 2)					
7	Bandage Gauze 4"					
8	Bandage Triangular 40" (Box 1 of 2)					
9	Bandage Triangular 40" (Box 2 of 2)					
10	Rescue Blanket					
11	Burn Spray					
12	Instant Cold Pack					
13	Medical Gloves					
14	Compress Pads or Gauze Pads 3" x 3"					
15	Scissors					
16	Adhesive Tape					
17	Alcohol Wipes					
		Note Expiration Date:	<del>(</del>	<b>←</b>	+	
18	Eye Dressing Kit	-				
19	Ammonia Inhalants	-				
20	Antibiotic Ointment	-				
21	Sting Swabs	-				
22	Condition of First Aid Kit Contain	ner				
Field S	Supplies					
23	Field Supply Box					
24	Duct Tape					
25	Insect Spray					
26	Poisonous Plant Wash (Tecnu)					
27	Safety Vest (Class II)					
28	Sun block					
29	Wetland Flagging					
Vehicle	e/ Navigation					
30	Fueling Location Book					
31	Gazetteer					
32	Tire Gage					
Fire Ex	ctinguisher		Yes		No	
33	Verify Extinguisher is Charged Pro	perly (Gauge in Green)				
34	Verify Discharge Preventer Pin i	s present				
35	Verify Presence of Pin Retainer (plastic tie that keeps pin in)					
36	Manufacture Date (2-digit number imprinted on bottom of extinguisher)		Year:			
					11 1 10	

Inspector's Remarks Item # Remarks:			
Item #	Remarks:		

Office Use-Do not complete						
Item#	Date Supplied	Remarks				

DT REC	DT SUP	DT STK	DT SCN