

Emergency Medical Responder

Agency:		License Plate:	
VIN:		Dates	
Make:		Inspection:	
Model:		Safety:	
Year:		License Plate:	
Call Sign:			
Status: <input type="checkbox"/> Front-Line <input type="checkbox"/> Reserve <input type="checkbox"/> Upgrade			
IDPH Inspection Form Required Inconjunction with SAMIC Inspection Form			
Item	Notes	Minimum	
AED	Must be operational	1	
Defib Pads	Adult	1	
Defib Pads	Pediatric	1	
Pulse Oximeter			
SpO2 Sensor	Adult	1	
SpO2 Sensor	Pediatric	1	
Disposable Razor		2	
Nebulizer Kit		2	
Nebulizer Mask	Adult	2	
Nebulizer Mask	Pediatric	2	
Glucometer		1	
Glucometer Test Strips		1	
Thermometer		1	
Mucosal Atomizer Device (MAD)		2	
Combat Application Tourniquet (C-A-T)		1	
Hemostatic Agent Gauze		1	
SAM® Pelvic Sling		1	

System Representative: _____

Agency Representative _____

Notes: _____

Pass

Fail