



# VEHICLE INSPECTION EMR

## Emergency Medical Responder

Agency:	License Plate:	
VIN:	Dates	
Make:	Inspection:	
Model:	Safety:	
Year:	License Plate:	

Call Sign: \_\_\_\_\_

Status:  Front-Line    Reserve    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