Department of Environmental Safety & Security
First Responder Bag Inspection

Inspector Name: **Date:** **Time:**

Location of Inspection: VLA

First Responder Bag #:

*** Inspections must be conducted on a Quarterly basis**
*** Maintain checklist as documentation of this requirement**

Item	Quantity Required	Pass	Fail	N/A	Comments
1. Tourniquet	1				
2. Field Guide Booklet	1				
3. Blood Glucose Level (BGL)	1				
4. Trauma Sheers	1				
5. Pen Light	1				
6. Tongue Depressors	4				
7. Nitrile Gloves	4 pair				
8. Blood Pressure Cuff	1				
9. Sam Splint	1				
10. Oropharyngeal airway (OPA)	1 package				
11. Portable Oxygen Tank w/ regulator	1				
12. Ace Bandage	1				
13. Nasal Cannula	2				
14. Non Rebreather Mask (NRB)	2				
15. CPR Mask	1				
16. Petroleum Dressing	2				
17. Emergency Blanket	1				
18. Instant Cold Compress	2				
19. Rolls of Tape	4				
20. 4x4 Gauze Pads	6				
21. Band-Aids	1 package				
22. Tweezers	1				
23. Stethoscope	1				
24. Burn Sheets	2				

25. Face Shields	4				
26. Curlex Gauze Rolls	2				
27. Saline Bottle	1				
28. Abdominal Pads	2				
29. Ambu Bag	1				
30. Pulse Oximeter	1				
31. Alcohol Wipes	1 package				
32. Blood Stopper	2				
33. Thermometer	1				