

UTAH OFFICE OF EMSP

EMT Ground Ambulance Checklist

07/2023

Name of Agency:

Agency License or Designation Number:

(All Agencies Self Inspections requires two license personal to complete an inspection per vehicle)

Inspector 1:

Inspector 2:

Is this vehicle currently listed in your ImageTrend Agency License? Yes No Unknown

Date of Inspection:

Type of Inspection: Self Inspection New Vehicle

Equipment on this list may be stored in the vehicle or carried on individual persons as required by agency policy.

Vehicle Information

	Vehicle 1	Vehicle 2
Vehicle License Number		
VIN Number		
Year of Vehicle		
Active Vehicle or Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Type of Vehicle (Ambulance, Fire Truck Transport, Reserve, Other)		
Type of Inspection (Annual, New Vehicle, New License)	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle
Defibrillator/AED Serial Number		

KEY:

P: Passed

Proper quantity & all equipment and supplies within expiration dates.

W: Waiver

Requires Bureau of Emergency Medical Services and Preparedness approval.

N/C: Non Compliant

Missing, damaged, or expired equipment and medications or insufficient quantity of supplies.

NA: Not Applicable

*Not a required item or for medications that have alternative options.

Vehicle Equipment and Reference Manual Checklist

	Vehicle 1	Vehicle 2
Written standing orders or Downloaded Digital Version	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Approved waivers to add or remove items from this list (requires approval from agency Medical Director AND State EMS Medical Director)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Pediatric Reference Manual or Downloaded Digital Version	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Emergency Response Guidebook (ERG) or Downloaded Digital Version	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sanitary conditions	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Triage system	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Flashing lights and siren	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Radio equipment	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Patient gurney with manufactures recommended securing devices for the gurney and patient	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Fire extinguisher with current inspection sticker, dry chemical type with rating of 2A10BC or Halogen. (Weight 2.5-10 pounds)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cardiac & Vital Sign Equipment		
Defibrillator with ECG display or AED (portable battery operated)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Electrode pads (for defibrillator), adult & Pediatric or Combination	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Safety razor	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Pulse oximeter with adult and pediatric probe	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Glucose measuring device and supplies	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Thermometer	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Blood pressure cuff (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Blood pressure cuff (pediatric)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Stethoscope (Adult & pediatric) or combination	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
OB, Trauma Dressings & Supplies		
OB kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, and biohazard bags)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Heavy duty shears	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
12 4x4 Gauze pads	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
8 Soft roller type bandages 4" x 5 yards	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Rolls tape	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Triangular bandages	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Sterile dressings, 5"x9", 8"x10" or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Occlusive sterile dressings or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Commercial tourniquet	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Hard commercial eye shield for eye injuries	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Biohazard bags	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Lower extremity traction splint (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Lower extremity traction splint (pediatric)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Upper extremity, non-traction splint	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Lower extremity, non-traction splint	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Cervical collars or equivalent (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cervical Collar or equivalent (pediatric/infant)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
500cc irrigation solution	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Required to carry one of the following spinal motion restriction devices.		
Spinal Board w/all required equipment	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Full body vacuum splint	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Scoop Device w/all required equipment	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
PPE Supplies for Patient and Crew		
	Vehicle 1	Vehicle 2
Gloves, non-sterile, latex free or equivalent, various sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Full body substance isolation protection (one per crew member)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
N95 or N100 TB mask (one per crew member & patient)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Protective eyewear, goggles or face shield (one per crew member)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Reflective Safety vest, OSHA approved (one per crew member)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Car seat, federal safety standard approved	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Emesis basins or bag, or large basin	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Urinals (male and female) or universal	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance to OSHA standards.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Disposable pillows	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Sheets	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

2 Blankets	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Towels	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
<u>Airway Equipment and supplies</u>		
	Vehicle 1	Vehicle 2
Permanent, large capacity O2 delivery system	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Portable oxygen delivery system with metered flow and adequate tubing	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Suction device, portable with wide-bore tubing and rigid pharyngeal suction tip.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Bag valve mask adult	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Bag valve masks pediatric and infant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Oropharyngeal airway (infant to adult sizes)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Nasopharyngeal airway (Sizes from 14-36 French)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Water based lubricant (tube or equivalent)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Non-rebreather or partial non-rebreather O2 mask (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Non-rebreather or partial non-rebreather O2 mask (pediatric)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nasal cannula (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nasal cannula (pediatric)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nebulizer containers, small volume for aerosol solutions	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Magill forceps (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Magill forceps, (child/infant)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
<u>Required Medications</u>		
8 Chewable aspirin, 81mg	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Epi-auto injector .03cc adult and 1 0.15cc junior or equivalent or vial of epinephrine 1:1000 with 1cc syringe and 22 gauge needle for mixing, Alcohol preps or iodine pads with approved waiver	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Oral glucose tubes 15g concentrate or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Naloxone for intranasal or intramuscular (with 1cc syringe and 22 gauge needle for mixing, Alcohol preps or iodine pads with approved waiver)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

2 Albuterol Sulfate, 2.5mg premixed	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Optional Equipment and Supplies		
Mylar blanket	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Ring cutter	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Bulb syringe (infant) separate from OB kit	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Hemostatic gauze or agent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Inflatable back raft	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Transcutaneous CO detector	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Impedance threshold device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Automated chest compression device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Acetaminophen	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Ibuprofen adult or pediatric	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Mucosal atomization device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Activated charcoal 25mg	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Nerve agent kits (mark 1 or Duodote)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA