



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

Phone: (309) 827-4348
Fax: (309) 827-2017

FIRST RESPONDER AGENCY INSPECTION CHECKLIST

Agency Name: _____

Date: _____ Unit #: _____

| MEDICATION | STRENGTH/ VOLUME | CONTAINER | TOTAL | TOTAL IN STOCK | EARLIEST EXP. DATE |
|----------------------------------|---------------------|-----------|----------------|-------------------|-----------------------|
| Glucose | | Oral Gel | 2 | | |
| ResQ Pod | | | 1 | | |
| Quick Clot | | Packets | 2 | | |
| Patient Care Forms | | | 10 | | |
| Patient Refusal Forms | | | 10 | | |
| Blind Insertion Airway Device | | | 1 Each Size | | |

AED CHECKLIST

| VISUAL INSPECTION | PASS | NEEDS REPAIR | COMMENTS |
|-------------------|------|--------------|----------|
| Cable(s) | | | |
| Pads | | | |
| Clock | | | |
| Analyze/Charge | | | |

_____ AED taken out of service until repairs are complete.
_____ Glucometer inspected and approved for service.
_____ Glucometer taken out of service until repairs are complete.

EMS Coordinator: _____
Signature

Agency Representative: _____
Signature