

Date Completed _____

UNIT: M37 M38 M39 E1 (circle one)

Medic Signature: _____

Dates: _____

Due each Monday by 10 AM

CIRCLE DAYS IN SERVICE: MON TUES WED THURS FRI SAT SUN

WEEKLY RIG CHECK	ITEM	Check or X	X= Describe any deficiency and correction taken.
VEHICLE	Car Lights/Signals/Lightbars		
	Radios (VHF and UHF)		
FLUID LEVELS	FUEL > 1/2 Tank		
	OIL Full. Due in _____ miles		
	Mileage: _____		
	Tire Pressures at minimums		
PPE	Helmet/Vest		
	Light/Headlamp		
	BSI: Gloves, PPE KIT		
SAFETY	Cones or turboflares or flares		
	Bolt Cutters (1)		
	Wool Blankets (1)		
	Fire Extinguisher(1)		
	Jumper cables		
MEDICAL EQUIPMENT	Airway Kit		
	Suction Charged		
	LP-12 +3 full Batteries		
	MED Box Full and all in date		
	PED/OB Box/Kit		
	Trauma Bag		
	Narcotics Kit all in date		
	Backboard/Spider Pack		