

EMERGENCY MEDICAL RESPONDER (EMR)

Date: _____ Time: _____ O # _____

Incident Name: _____ Incident # _____

Company/
Contractor: _____ Agreement # _____

EMR's Full Name: _____

EQUIPMENT TYPE
☐
☐
Paramedic

EMT (Basic)

☐
☐

Advanced EMT

MINIMUM EQUIPMENT REQUIREMENTS

	<i>Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).</i>		Yes	No
1	Check-in process completed	D.6.5.3		
2	Agreement: One complete copy	D.8		
3	EMR Arrived With Vehicle	D.2.3		
3a	Fireline EMR: Vehicle 4 Wheel Drive	D.2.3		
4	One handheld programmable radio: Approved radio listed on NIFC National Interagency Incident Communications Divisions website https://www.nifc.gov/resources/NIICD/niicd-documents	D.2.2.4		
FIRELINE QUALIFIED PERSONNEL MUST HAVE THE FOLLOWING				
5	PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Headlamp with batteries <input type="checkbox"/> 8-inch leather boots	D.2.5		
6	Flame resistant clothing: A minimum of two full sets of flame-resistant shirts and pants certified to NFPA 1977 standard	D.2.1.2		
7	Fire shelter	D.2.1.2		
8	Current Incident Qualification Documentation:	D.3.1		

MEDL Checks (When available, otherwise to be completed initial inspector.):

9	Medical qualification card: current/equal level as ordered	D.3		
10	Minimum Medical Supplies and Equipment	D.2.3		

☐ Equipment meets agreement specifications ☐ Equipment does not meet agreement specifications.

Inspector: _____ Date: _____
(Print and sign)

Contractor: _____ Date: _____
(Print and sign)

MEDL (if available): _____ Date: _____
(Print and sign)

☐ Contractor given the opportunity to correct noted deficiencies (*See Remarks*)

☐ Contactor successfully corrected noted deficiencies

Inspector: _____ Date: _____

REMARKS: _____

