

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 | | |

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☐ 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: _____

