

Date: \_\_\_\_\_ Time: \_\_\_\_\_ O # \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident # \_\_\_\_\_

Company/  
Contractor: \_\_\_\_\_ Agreement # \_\_\_\_\_

EMR's Full Name: \_\_\_\_\_

**EQUIPMENT TYPE****Paramedic****Advanced EMT**

EMT (Basic)

**MINIMUM EQUIPMENT REQUIREMENTS**

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

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

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

# EMERGENCY MEDICAL RESPONDER (EMR)

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*)
- Contractor successfully corrected noted deficiencies

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_