

Lubbock EMS

Backup Unit Check-out/Check-in

| | | |
|--------------------------------|----------------|-------------------------|
| Unit # _____ | Station: _____ | Date: _____ |
| Station Picking Unit Up: _____ | | |
| Date Returned: _____ | | Returned To: _____ |
| Mileage @ Pickup: _____ | | Mileage @ Return: _____ |

| | | |
|--|---|---|
| Fuel Level | Pickup _____ | Return _____ |
| Oxygen Level | Pickup _____ | Return _____ |
| # Full D-Cylinders | Pickup _____ | Return _____ |
| # Backboards | Pickup _____ | Return _____ |
| Pulse Ox | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Glucometer | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Lifepack 10 | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Suction | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Airway Kit | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| PRP | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Razor | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fuel Card | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Insurance Card | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Lights Working | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Damage <small>(Note Below if Yes)</small> | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Clip Board | Pickup Yes <input type="checkbox"/> No <input type="checkbox"/> | Return Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments: _____

Signatures Out:

LEMS Crew: _____ Pickup Crew: _____

Signatures In:

LEMS Crew: _____ Return Crew: _____