

STATION DUTY CHECK LIST

DATE:	STATION:
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PLEASE INITIAL IF COMPLETED.

NCEMS BUSINESS (Upon Arrival)

<input type="checkbox"/>	<input type="checkbox"/>	Turnout Gear checked & ready	<input type="checkbox"/>	<input type="checkbox"/>	EMS Charts (flagged or incomplete) checked/corrected
<input type="checkbox"/>	<input type="checkbox"/>	Rehab Supplies checked & ready	<input type="checkbox"/>	<input type="checkbox"/>	Email reviewed for NCEMS business
<input type="checkbox"/>	<input type="checkbox"/>	All doors checked @ start of shift			

VEHICLE WELL-FARE

		<u>Unit #</u> _____	<input type="checkbox"/>	Drug/IV Box Temp	<input type="checkbox"/>	<input type="checkbox"/>	Patient Compartment Temp (31-1)
<input type="checkbox"/>	<input type="checkbox"/>	IN-SERVICE	<input type="checkbox"/>	Beginning Main O2 Reading	<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor
		Beginning Mileage	<input type="checkbox"/>	Ending Main O2 Reading	<input type="checkbox"/>	<input type="checkbox"/>	Wiped Walls, Doors, & Ceiling
		Ending Mileage	<input type="checkbox"/>	Number of EMS Calls	<input type="checkbox"/>	<input type="checkbox"/>	Wiped Counters & Seats
		Beginning Fuel Amount	<input type="checkbox"/>	Washed Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Inside Cabinets
		Ending Fuel Amount	<input type="checkbox"/>	Windexed Windows	<input type="checkbox"/>	<input type="checkbox"/>	Emptied Trash
<input type="checkbox"/>	<input type="checkbox"/>	All equipment operational	<input type="checkbox"/>	Vacuumed Cab Floor & Seats	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	All supplies adequately stocked	<input type="checkbox"/>	Wiped Dash, Doors, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

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		Beginning Mileage	<input type="checkbox"/>	Ending Main O2 Reading	<input type="checkbox"/>	<input type="checkbox"/>	Wiped Walls, Doors, & Ceiling
		Ending Mileage	<input type="checkbox"/>	Number of EMS Calls	<input type="checkbox"/>	<input type="checkbox"/>	Wiped Counters & Seats
		Beginning Fuel Amount	<input type="checkbox"/>	Washed Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Inside Cabinets
		Ending Fuel Amount	<input type="checkbox"/>	Windexed Windows	<input type="checkbox"/>	<input type="checkbox"/>	Emptied Trash
<input type="checkbox"/>	<input type="checkbox"/>	All equipment operational	<input type="checkbox"/>	Vacuumed Cab Floor & Seats	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	All supplies adequately stocked	<input type="checkbox"/>	Wiped Dash, Doors, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

BUILDING WELL-FARE

		Kitchen	Dayroom	Utility Room/Area	
<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor	<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor
<input type="checkbox"/>	<input type="checkbox"/>	Wiped Down Counter Tops	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Sink
<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Stove Top	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Shower
<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Sink	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Wiped Table	<input type="checkbox"/>	<input type="checkbox"/>	Communications Room
<input type="checkbox"/>	<input type="checkbox"/>	Cleaned out Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Dusted Furniture
		Hallways/Entrances	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Vacuumed all Entrance Rugs	<input type="checkbox"/>	<input type="checkbox"/>	Bay
<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor	<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor
<input type="checkbox"/>	<input type="checkbox"/>	Windexed Door Windows	<input type="checkbox"/>	<input type="checkbox"/>	Swept Floor
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
			<input type="checkbox"/>	<input type="checkbox"/>	Bathrooms
			<input type="checkbox"/>	<input type="checkbox"/>	Cleaned all Toilets/Urinals
			<input type="checkbox"/>	<input type="checkbox"/>	Cleaned all Sinks
			<input type="checkbox"/>	<input type="checkbox"/>	Mopped Floor(s)
			<input type="checkbox"/>	<input type="checkbox"/>	Toiletries adequate
			<input type="checkbox"/>	<input type="checkbox"/>	Other _____

NCEMS BUSINESS (Upon Departure)

<input type="checkbox"/>	<input type="checkbox"/>	Any dishes used washed/stored	<input type="checkbox"/>	<input type="checkbox"/>	Both vehicles (if in service) "call ready"
<input type="checkbox"/>	<input type="checkbox"/>	All doors checked @ end of shift	<input type="checkbox"/>	<input type="checkbox"/>	NCEMS gear bags stored in appropriate place
<input type="checkbox"/>	<input type="checkbox"/>	Trash emptied @ end of shift	<input type="checkbox"/>	<input type="checkbox"/>	All vehicle windshields clean

<input type="checkbox"/>	<input type="checkbox"/>	Observations upon arrival @ station:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Observations during shift:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Going the Extra Mile:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Volunteers/Others in building upon departure (List):
<input type="checkbox"/>	<input type="checkbox"/>	

**PLEASE STAPLE THE APPROPRIATE VEHICLE CHECKLIST(S) TO THIS SHEET.
AT THE END OF THE SHIFT PLEASE PUT IN THE NCEMS BOX.**