

EMS and Radio Equipment
Evaluation Form

Paramedic Name: _____

Preceptor Name: _____

This form will be used to document the date the paramedic understands and has the ability to use the listed equipment. The care and maintenance of the equipment will also be included.

Stretcher Techniques:

Loading / Unloading

Date: _____

Initials: _____

Positions

Date: _____

Initials: _____

Immobilization:

Backboarding, CID, Strapping

Date: _____

Initials: _____

K.E.D.

Date: _____

Initials: _____

Pediatric Immobilizer

Date: _____

Initials: _____

Traction Splints:

Adult

Date: _____

Initials: _____

Child

Date: _____

Initials: _____

Suction Units:

Portable

Date: _____

Initials: _____

Rescue Suction Units

Date: _____

Initials: _____

Monitors:

LIFEPAK Unit (12 or 15)

Date: _____

Initials: _____

Nitrous Unit	Date: _____	Initials: _____
Thermometer	Date: _____	Initials: _____
Glucometer	Date: _____	Initials: _____
Portable Oxygen Equipment	Date: _____	Initials: _____
Rescue Oxygen Equipment	Date: _____	Initials: _____
Peripheral Venipuncture:	Date: _____	Initials: _____
Buretrol Setup and use	Date: _____	Initials: _____
Pediatric / Length Based Tape	Date: _____	Initials: _____
EZ IO or current type of IO Device	Date: _____	Initials: _____
Communications:		
Portable	Date: _____	Initials: _____
Mobile	Date: _____	Initials: _____
Scoop Stretcher	Date: _____	Initials: _____
Restraint Guidelines	Date: _____	Initials: _____
Stair Chair	Date: _____	Initials: _____
Auto Pulse Device	Date: _____	Initials: _____
ResQPod/ResQGuard Devices	Date: _____	Initials: _____
Venous Lactate Monitor	Date: _____	Initials: _____

Certification Statement:

As the mentor for paramedic _____ I hereby affirm that this provisional paramedic has reviewed and verbalizes understanding of all the equipment and procedures listed above..

Signature of Preceptor / Mentor _____ Date: _____