



# Buncombe County EMS

## Unit Swap Check Sheet



**Both** crew members are to complete and sign this form.

Once completed, leave this form in the jump box compartment of the vehicle you are leaving.

*You have 15 minutes to complete this process*

Vehicle Leaving # _____		Vehicle Entering # _____	
<b>TASKS TO COMPLETE</b>			
Fuel tank at least $\frac{3}{4}$ full - <b>amount:</b>		Shore line plugged in	
Main oxygen > 1000 psi - <b>amount:</b>		Cab and patient compartment clean	
Log off and shutdown MCT		Complete service request form - leave in seat	
<b>ITEMS TO TRANSFER</b>			
Narcotics/RSI Kit		Albuterol and Solumedrol - cabinet 4	
Supply key		IV tray	
Drug box		Pulse Ox unit	
Jump box		Glucometer	
Peds bag		Unit Placard	
Airway bag		Soiled linen	
ET roll - cabinet 6		Cleaning supplies	
Sterile water - cabinet 7		Empty Trash	
Cardiac monitor		Garage door opener	
Spare battery - cabinet 8		District map book	
IV Saline		ACR book	
Irrigation saline - cabinet 2			
<b>General Reminders</b>			
Use other side of this page to indicate missing equipment			
Lock keys for unit at garage in lock box near vacuum			
Report any items on this Checklist not completed to supervisor NOW!			
Place old swap form in ACR drop box or give to supervisor			
Remember personal items - sunglasses, jackets, stethoscopes etc			

**We both agree** this unit is being left in a "ready to roll" condition, including supplies. Also, we have left this unit cleaner than we found it and any exceptions have been reported to the supervisor.

Signatures: Driver \_\_\_\_\_ Attd: \_\_\_\_\_

Printed names: Driver \_\_\_\_\_ Attd: \_\_\_\_\_

Date / Time of Swap : \_\_\_\_\_ 4/08