Reset Form

CHECKLIST OF TRAINING INSTITUTION

State Form 43932 (R3 / 5-16)
INDIANA DEPARTMENT OF HOMELAND SECURITY

TRAINING INSTITUTION

Name of training institution	Certificate number
Level of Training: ☐ Basic ☐ Advanced EMT ☐ Paramedic	Date *(month, day, year)*

WOUND CARE SUPPLIES	PATIENT STABILIZATION EQUIPMENT
☐ Yes ☐ No Field dressing and bandages	☐ Yes ☐ No Traction splint with all accessories
☐ Yes ☐ No Sling and swathe material	☐ Yes ☐ No Upper and lower splinting device, two (2) each
☐ Yes ☐ No Roller gauze or cravats	☐ Yes ☐ No Splinting device one (1) unit-immobilization of head, neck and torso with all required accessories
☐ Yes ☐ No Adhesive tape, two (2) rolls	
☐ Yes ☐ No Tourniquet	☐ Yes ☐ No Long back board with accessories, one (1)
☐ Yes ☐ No 4 X 4's	☐ Yes ☐ No Rigid extrication collar, two (2) each in sizes: pediatric, small, medium, and large
☐ Yes ☐ No Multi trauma dressings	
☐ Yes ☐ No Vaseline gauze	☐ Yes ☐ No Patient securing straps
	☐ Yes ☐ No Head immobilizer (commercial or improvised)

MISCELLANEOUS EQUIPMENT	RESPIRATORY / RESUSCITATION SUPPLIES
☐ Yes ☐ No Pen light	☐ Yes ☐ No Portable suction apparatus (rigid and soft tips)
☐ Yes ☐ No Watch or timing device	☐ Yes ☐ No Lubricant spray
☐ Yes ☐ No Blood pressure cuff	☐ Yes ☐ No Bag-mask ventilation unit, one (1) each: (adult, child, infant, and neonatal mask only)
☐ Yes ☐ No Stethoscope	
☐ Yes ☐ No Moulage	☐ Yes ☐ No Oropharyngeal airway, two (2) each (adult, child, infant)
☐ Yes ☐ No Blankets	☐ Yes ☐ No Nasopharyngeal airway, two (2) each (small, medium, large)
☐ Yes ☐ No Padding (towels, cloths)	☐ Yes ☐ No Oxygen delivery devices (High concentration devices)
☐ Yes ☐ No Eye goggles	☐ Yes ☐ No Oxygen delivery devices (Low concentration devices)
☐ Yes ☐ No Tongue blades	☐ Yes ☐ No Nebulizer
☐ Yes ☐ No MAST pants	☐ Yes ☐ No Pocket mask with one-way valve
☐ Yes ☐ No Pulse oximetry	☐ Yes ☐ No Portable oxygen equipment 300 liter with yoke, medical regulator, pressure gauge, nondependent flowmeter
☐ Yes ☐ No Blood glucose monitor	
☐ Yes ☐ No Triage tags	☐ Yes ☐ No Intubation Manikin (must be anatomically accurate and able to be ventilated)
☐ Yes ☐ No Emergency Response Guides (ERG's)	
☐ Yes ☐ No Broselow tape	☐ Yes ☐ No Oxygen connecting tubing
☐ Yes ☐ No Stretcher	☐ Yes ☐ No Nonvisualized airway, two (2) with soluble lubricant
	Monitor Defibrillator: ☐ Manual ☐ Semi-automatic ☐ Automatic MAKE: _____ MODEL: _____ ☐ Yes ☐ No Pads (adult) ☐ Yes ☐ No Pads, pediatric (Intermediate, Paramedic only) ☐ Yes ☐ No Paddles (adult) ☐ Yes ☐ No Paddles, pediatric (Intermediate, Paramedic only)

ADVANCE LIFE SUPPORT SUPPLIES	MISCELLANEOUS MEDICATIONS
☐ Yes ☐ No IV simulator	☐ Yes ☐ No Suggested Medications (simulated):
☐ Yes ☐ No Blood glucose monitor	Nitroglycerin
☐ Yes ☐ No IV supplies (catheters, tubing, fluid, etc.)	Activated Charcoal
☐ Yes ☐ No IO simulator	Aspirin
☐ Yes ☐ No IO supplies (for adult and pediatrics)	Asthma-type inhaler
☐ Yes ☐ No Buretrol IV set	Epi-pen
☐ Yes ☐ No Magil forceps	Glucose
☐ Yes ☐ No Mucosal Atomization Device (MAD)	Glucagon
	Narcon
	Albuterol
	Mark I or Duodote kit

Comments:

Signature of training institution representative	Date *(month, day, year)*
Signature of Emergency Medical Services (EMS) representative	Date *(month, day, year)*