

Evaluator Station Equipment Check-Off Trauma Skill Station

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Location: _____

Scenario #: _____ Station # _____ Date: __/__/____ (mm/dd/yyyy)

Evaluator's name _____

Patient's name _____

Station Equipment:

<input type="checkbox"/>	1 Blood Pressure cuff	
<input type="checkbox"/>	1 Stethoscope	
<input type="checkbox"/>	1 Penlight	
<input type="checkbox"/>	1 Pair of scissors	
<input type="checkbox"/>	Examination gloves (optional)	
<input type="checkbox"/>	1 Stopwatch	
<input type="checkbox"/>	1 Wall clock	
<input type="checkbox"/>	1 clipboard	
<input type="checkbox"/>	Trauma Scenario	
<input type="checkbox"/>	Set of Trauma evaluation sheets	
<input type="checkbox"/>	Trauma Evaluator Skill Essay	
<input type="checkbox"/>	Blanket and/or pad for patient on floor	

I have checked the above list and all required equipment for my station is present and is in working condition.

(Signed)

***Please check your equipment, complete the checklist, and sign the statement prior to opening your station.
This signed form must be given to the dispatch person to indicate your station is ready to open.***