

# Evaluator Station Equipment Check-Off Random Skill Station

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

804-888-9120

Location: \_\_\_\_\_

Station # \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Evaluator's name \_\_\_\_\_

Patient's name \_\_\_\_\_

EMT Assistant's name \_\_\_\_\_

## Station Equipment:

<input type="checkbox"/>	1 Airway mannequin or life size intubation head that allows O/P and N/P insertion and proper ventilation with BVM	Exposed lungs will require covering.
<input type="checkbox"/>	1 Adult complete NRB mask with tubing	
<input type="checkbox"/>	1 Adult nasal cannula with tubing	
<input type="checkbox"/>	1 Adult BVM with reservoir and O <sub>2</sub> attachment tubing	
<input type="checkbox"/>	1 Adult stethoscope	
<input type="checkbox"/>	1 Electric or battery operated suction device* with suction connection tubing, <u>or</u> approved** simulation prop	<i>*Does not need to be operational **Approved by OEMS Examiner</i>
<input type="checkbox"/>	1 Yankauer / hard-tip suction catheter with a thumb port	
<input type="checkbox"/>	1 O <sub>2</sub> tank* with regulator	<i>*Does not have to be functional</i>
<input type="checkbox"/>	1 Set* of N/P airways	<i>*Min of 3- adult small, medium &amp; large</i>
<input type="checkbox"/>	1 Water-based lubricant for N/P airways	
<input type="checkbox"/>	Set* of O/P airways	<i>*Min of 3- adult small, medium &amp; large</i>
<input type="checkbox"/>	Tongue blade	
<input type="checkbox"/>	1 Set of assorted padded board splints (2 each of short, medium, and long), <u>or</u> velcro splint pack (adult arm, leg, ankle, and elbow)	<i>Sites may also use both if they desire</i>
<input type="checkbox"/>	1 Hare-type traction splint*	<i>*Complete w/ ischial strap &amp; ankle hitch</i>
<input type="checkbox"/>	1 Long spine board that will accommodate the straps used in Region	<i>Spider and/or speed clips</i>
<input type="checkbox"/>	1 Spider strap <u>or</u> set* of speed clips	<i>*Min of 3</i>
<input type="checkbox"/>	Complete Vest type half spine immobilization device* Includes pad, chin/forehead straps (Tape, cravats, roller gauze can replace chin/forehead straps)	<i>*Does not have to be "Kendrick" brand.</i>
<b>List continues on page 2</b>		

# Evaluator Station Equipment Check-Off Random Skill Station

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

804-888-9120

<input type="checkbox"/>	1 Armless chair	
<input type="checkbox"/>	1 Set of cervical collars* (1 each of short, regular, tall & no-neck fixed)	<i>*Or adjustable</i>
<input type="checkbox"/>	1 Cervical Immobilization Device (CID) or equivalent for immobilizing head to backboard	
<input type="checkbox"/>	2 Blankets* Pad may substitute as 1 blanket for patient on floor	<i>*May be used to splint ankle</i>
<input type="checkbox"/>	1 pillow *	<i>*May be used to splint ankle</i>
<input type="checkbox"/>	Padding (towels, cloths, etc)	
<input type="checkbox"/>	12 Cravats	
<input type="checkbox"/>	1 Commercial or improvised tourniquet	
<input type="checkbox"/>	1 Pair scissors	
<input type="checkbox"/>	2 rolls of 1"tape, 2 rolls of 2" or 3" tape	
<input type="checkbox"/>	6 rolls of roller type gauze* (4")	<i>*May be non-sterile</i>
<input type="checkbox"/>	12 dressings (4X4)*	<i>*May be non-sterile</i>
<input type="checkbox"/>	1 Stopwatch	
<input type="checkbox"/>	1 Clipboard	
<input type="checkbox"/>	1 Wall clock	
<input type="checkbox"/>	Set of Random Scenarios	
<input type="checkbox"/>	Set of evaluation sheets for each of the seven (7) skills	
<input type="checkbox"/>	Examination gloves (optional)	
<input type="checkbox"/>	Random Evaluator Skill Essay	

I have checked the above list and all required equipment for my station is present and is in working condition. I have applied the KED and Traction splint to the simulated patient and assured both will fit the simulated patient. (Ischial strap on the traction splint, KED device including chest and leg straps)

\_\_\_\_\_  
(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.**