

## LOGISTICS MANAGEMENT (210A)

<b>1. Job Name:</b>	<b>2. Operational Period:</b> Date:      /      / Shift Start Time: Shift End Time:
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<b>3. Print Job:</b>					
Number	Form	Pages	Single / Double Sided	Quantity Requested	Quantity Printed
1			<input type="checkbox"/> Single <input type="checkbox"/> Double		
2			<input type="checkbox"/> Single <input type="checkbox"/> Double		
3			<input type="checkbox"/> Single <input type="checkbox"/> Double		
4			<input type="checkbox"/> Single <input type="checkbox"/> Double		
5			<input type="checkbox"/> Single <input type="checkbox"/> Double		
6			<input type="checkbox"/> Single <input type="checkbox"/> Double		
7			<input type="checkbox"/> Single <input type="checkbox"/> Double		
8			<input type="checkbox"/> Single <input type="checkbox"/> Double		
9			<input type="checkbox"/> Single <input type="checkbox"/> Double		
10			<input type="checkbox"/> Single <input type="checkbox"/> Double		
11			<input type="checkbox"/> Single <input type="checkbox"/> Double		
12			<input type="checkbox"/> Single <input type="checkbox"/> Double		
13			<input type="checkbox"/> Single <input type="checkbox"/> Double		
14			<input type="checkbox"/> Single <input type="checkbox"/> Double		
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16			<input type="checkbox"/> Single <input type="checkbox"/> Double		
17			<input type="checkbox"/> Single <input type="checkbox"/> Double		
18			<input type="checkbox"/> Single <input type="checkbox"/> Double		
19			<input type="checkbox"/> Single <input type="checkbox"/> Double		
20			<input type="checkbox"/> Single <input type="checkbox"/> Double		
21			<input type="checkbox"/> Single <input type="checkbox"/> Double		
22			<input type="checkbox"/> Single <input type="checkbox"/> Double		
23			<input type="checkbox"/> Single <input type="checkbox"/> Double		
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25			<input type="checkbox"/> Single <input type="checkbox"/> Double		
26			<input type="checkbox"/> Single <input type="checkbox"/> Double		
27			<input type="checkbox"/> Single <input type="checkbox"/> Double		
28			<input type="checkbox"/> Single <input type="checkbox"/> Double		

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**3. Print Job (Continued)**

Number	Form	Pages	Single / Double Sided	Quantity Requested	Quantity Printed
29			<input type="checkbox"/> Single <input type="checkbox"/> Double		
30			<input type="checkbox"/> Single <input type="checkbox"/> Double		
31			<input type="checkbox"/> Single <input type="checkbox"/> Double		
32			<input type="checkbox"/> Single <input type="checkbox"/> Double		
33			<input type="checkbox"/> Single <input type="checkbox"/> Double		
34			<input type="checkbox"/> Single <input type="checkbox"/> Double		
35			<input type="checkbox"/> Single <input type="checkbox"/> Double		
36			<input type="checkbox"/> Single <input type="checkbox"/> Double		
37			<input type="checkbox"/> Single <input type="checkbox"/> Double		
38			<input type="checkbox"/> Single <input type="checkbox"/> Double		
39			<input type="checkbox"/> Single <input type="checkbox"/> Double		
40			<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double		
41			<input type="checkbox"/> Single <input type="checkbox"/> Double		
42			<input type="checkbox"/> Single <input type="checkbox"/> Double		
43			<input type="checkbox"/> Single <input type="checkbox"/> Double		
44			<input type="checkbox"/> Single <input type="checkbox"/> Double		
45			<input type="checkbox"/> Single <input type="checkbox"/> Double		
46			<input type="checkbox"/> Single <input type="checkbox"/> Double		
47			<input type="checkbox"/> Single <input type="checkbox"/> Double		
48			<input type="checkbox"/> Single <input type="checkbox"/> Double		
49			<input type="checkbox"/> Single <input type="checkbox"/> Double		
50			<input type="checkbox"/> Single <input type="checkbox"/> Double		
51			<input type="checkbox"/> Single <input type="checkbox"/> Double		
52			<input type="checkbox"/> Single <input type="checkbox"/> Double		
53			<input type="checkbox"/> Single <input type="checkbox"/> Double		
54			<input type="checkbox"/> Single <input type="checkbox"/> Double		
55			<input type="checkbox"/> Single <input type="checkbox"/> Double		
56			<input type="checkbox"/> Single <input type="checkbox"/> Double		
57			<input type="checkbox"/> Single <input type="checkbox"/> Double		
58			<input type="checkbox"/> Single <input type="checkbox"/> Double		
59			<input type="checkbox"/> Single <input type="checkbox"/> Double		

**4. Prepared by:**

Name: \_\_\_\_\_

**210A**

**RMP Page** \_\_\_\_\_

Position: \_\_\_\_\_

5. Operational Readiness Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<ul style="list-style-type: none"> <li>• Medical Bag</li> <li>• AED</li> <li>• Monitors</li> </ul>	<ul style="list-style-type: none"> <li>• Truck</li> <li>• Van</li> </ul>	<ul style="list-style-type: none"> <li>• Rescue PPE</li> <li>• SCBA &amp; Bottle</li> <li>• Harness</li> <li>• Lanyards</li> </ul>	<ul style="list-style-type: none"> <li>• Trailer Contents</li> <li>• Beast &amp; Van Contents</li> </ul>	<ul style="list-style-type: none"> <li>• Rope</li> <li>• Hardware</li> <li>• Software</li> </ul>	<ul style="list-style-type: none"> <li>• Stokes Kit</li> <li>• Auxiliary &amp; Misc. Equipment Kits</li> </ul>	<ul style="list-style-type: none"> <li>• O/R Review</li> <li>• Training</li> </ul>

### 6. Rescue Equipment List

#### MEDICAL BAG & AED

#### *Left Zipper*

Qty	Description	Qty	Description
1	CPR Pocket Mask	1	One Way Valve for CPR Pocket Mask
1	Bag Valve Mask (BVM)		

#### *Center Zipper*

Qty	Description	Qty	Description
1	Box Nitrile Disposal Gloves	1	Red Bio-Waste Bag
1	Trauma Shears	2	Trauma Dressing
3	Adult C-Collar	1	Burn Sheet
2	Sam Splint	4	Cold Pack
1	Stethoscope	1	Roll of White Duct Tape
1	Adult Pressure Cuff	2	Adhesive Tape, 1" x 90" (In Case Box)
1	Wrist Blood Pressure Cuff	50	Band-Aids 1" x 3" (In Case Box)
1	Forehead Thermometer	10	Knuckle Bandages (In Case Box)
1	RYOBI Infrared Thermometer	10	Fingertip Bandages (In Case Box)
1	Pulse Oximeter	2	Sterile Gauze/Kerlix Bandage Roll
1	Glucose Meter	1	Liquid Glucose Gel (In Case Box)
25	Glucose Sharps	10	Triple Antibiotic Ointment (In Case Box)
25	Glucose Test Strips	20	Alcohol Prep Pads (In Case Box)
1	Pen Light	4	Eye Wash
1	Tweezer (In Case Box)	10	Sting Relief Wipes (In Case Box)
1	AED	1	Hydrogen Peroxide

#### *Right Zipper*

Qty	Description	Qty	Description
2	Tourniquets	4	Sterile Gauze/Kerlix Bandage Roll
6	Triangular Bandages (Cravats)	30	Gauze Pad 4' x 4'
1	Celox-A Applicator with Celox Granules	1	Celox Hemostatic Granules

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RESCUE PPE / SCBA & BOTTLE / HARNESS / LANYARDS			
Qty	Description	Qty	Description
1	Box of Clear Safety Glasses	1	Box of Corded Ear Plugs
2	SCBA Air Pak (w/ Cylinder - Full 45 min)	2	SCBA Spare Cylinder (Full 45 min)
3	Petzl AVAO Harness	3	Petzl Absorbica Y Tie Back Lanyard
TOOL BAG			
Qty	Description	Qty	Description
3	LOTO Locks - Red	1	Hammer
25	"DO NOT OPERATE" Tags w/ Zip Ties	1	Bolt Cutter
1	Danger Tape 3" x 1000'	1	Needle Nose Pliers
1	Caution Tape 3" x 1000'	1	Hacksaw
4	DOT Traffic Cones 28'	1	Channel Lock
1	ABC Fire Extinguisher	1	Flat Screwdriver
1	Air Horn	1	Phillips Screwdriver
1	Winch Bracket for DBI	2	12' Crescent Wrenches
1	Pigtail w/ GFCI	1	100' Electrical Cord
ROPES			
Qty	Description	Qty	Description
3	Orange Bag	3	150' Utility Rope
2	Black 1 Pocket Bag	2	150' Life Safety Rope – New England
2	Red 1 Pocket Bag	2	200' Life Safety Rope – New England
2	Blue 3 Pocket Bag	2	300' Life Safety Rope – New England
HARDWARE			
Qty	Description		
1	CMC RigTech Hardware Pack - Blue		
<i>Top of Bag – Outer Zipper</i>			
Qty	Description	Qty	Description
1	Staging Tarp	2	Rigging Plate
<i>Top of Bag – Inside Zipper</i>			
Qty	Description		
4	2XL Carabiner – Jake/side swing gate, HMS (pear shape), auto lock, non-keyed, captive eye pin hole, steel, Blue or Red		
<i>Left Zipper Pouch</i>		<i>Right Zipper Pouch</i>	
Qty	Description	Qty	Description
1	Petzl Maestro	1	Petzl Maestro
1	Petzl ID	1	Petzl ID
1	Rescue Rack w/ tender	1	Rescue Rack w/ tender
1	Rescue 8 belay device	1	Rescue 8 belay device
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HARDWARE (Continued)					
<i>Left Side</i>		<i>Interior Center Loops</i>		<i>Right Side</i>	
Qty	Description	Qty	Description	Qty	Description
1	XL Carabiner – HMS, twist lock, non-keyed, steel	1	XL Carabiner – HMS, twist lock, non-keyed, steel		
6	L Carabiner – HMS, auto lock, non-keyed, captive eye pin hole, steel	6	L Carabiner – HMS, auto lock, non-keyed, captive eye pin hole, steel		
2	DNA Carabiner - oval, non-keyed, steel, Green	2	DNA Carabiner - oval, non-keyed, steel, Green		
<i>Interior Center Sleeve</i>					
Qty	Description	Qty	Description	Qty	Description
2	Petzl ASAP Lock	2	Petzl Asap'sorber Axxess		
2	L Carabiner - oval, tri-act lock, non-keyed, w/ captive eye clips, steel, Black				
<i>Left Side Inner Pouches (3)</i>			<i>Right Side Inner Pouches (3)</i>		
Qty	Description	Qty	Description	Qty	Description
2	Single Pulley, 2" PMP	2	Single Pulley, 2" PMP		
2	Double Pulley, 2" PMP	1	Omni Block Double Pulley 1.5" non-PMP, swivel		
2	Single Pulley, 2" PMP	2	Single Pulley, 2" PMP		
<i>Front Mesh Near Bag Bottom</i>					
Qty	Description	Qty	Description	Qty	Description
4	Swivel	4	Rope Grab Ascender		
2	Screw Tri-Link, 10mm				
<i>Front Mesh Near Bag Top</i>					
<i>Left Side Inner Pouches (3)</i>			<i>Right Side Inner Pouches (3)</i>		
Qty	Description	Qty	Description	Qty	Description
1	Left Hand Ascender, Black	1	Right Hand Ascender, Gold		
1	L Carabiner, twist lock, D shape, aluminum, Blue	1	L Carabiner, twist lock, D shape, aluminum, Red		
SOFTWARE					
Qty	Description				
1	RNR Duffel Bag - Red				
Qty	Description	Qty	Description	Qty	Description
2	5' Tubular 1" Webbing - Pink	2	20' Tubular 2" Webbing - Red		
2	15' Tubular 1" Webbing - Green	4	Prusik Cord 54" – New England		
2	25' Tubular 1" Webbing - Black	4	Prusik Cord 64" – New England		
2	Anchor Sling 48"	1	Pick Off Strap		
1	Anchor Sling 96"	2	Improvised Lifting Rope Bridle (Orange & Blue)		
2	Adjustable Anchor Strap 1'-10'	2	Rope Protection Pad w/ x2 paracord		
Qty	Description				
	x1 Mariners Hitch				
1	Load Release Strap	1	L Carabiner – twist lock, D shape, aluminum		
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SOFTWARE (Continued)			
Qty	Description		
x3 AZTEK Kits			
1	Double Pouch Zipper Bag	1	50' of 8mm cordage
1	Locking Pin	2	Mini Omni Block Swivel Pulley (Orange & Blue)
1	6mm Purcell Prusik (Black/Yellow)	2	6mm asymmetrical 2 over 3 prusik (Orange & Blue)
2	L Carabiner – twist lock, D shape, aluminum (Orange & Blue)	1	L Carabiner – double action, captive eye w/ pin (Red)
STOKES KIT			
Qty	Description	Qty	Description
x1 Stokes Basket/Litter			
1	25' Tubular 1" Webbing - Blue	1	25' Tubular 1" Webbing - Orange
1	X-Ray Translucent Backboard	1	35' Tubular 1' Webbing - Yellow
1	Head Immobilizer kit	1	Manufactured Lifting Bridle (Set of 2 Y Straps)
4	XL Carabiner – Twist Lock. D Shape, Non-Keyed, Steel	1	Screw Tri-Link, 12mm
TRIPOD KIT			
Qty	Description	Qty	Description
1	SKEDCO Evac Tripod w bag	1	Steel Cable Pulley w/ Carabiner
1	Hobbling Chain	1	L Carabiner – twist lock, steel
SPEC PAK EXTRICATION KIT			
Qty	Description	Qty	Description
1	Yates Spec Pak Storage Bag - Orange	1	Yates Spec Pak Lifting Harness
1	Cervical Splint – Orange	1	Leg & Foot Strap w/ Black Carabiner
2	Head & Chin Strap - Red	2	Head Immobilizer - Orange
1	Lifting Bridle w/ Red Chest Strap, Blue Head Strap, Orange Crotch Strap		
SKED KIT			
Qty	Description	Qty	Description
1	SKEDCO Bag - Orange	1	SKEDCO Stretcher
1	Vertical Lifting Rope	2	Horizontal Lifting Straps
1	Dragging Strap	4	Lifting Handles
1	XL Carabiner – Twist Lock. D Shape, Non-Keyed, Steel		
<b>7. Prepared by:</b>		Name: _____	
<b>210A</b>	<b>RMP Page</b>	Position: _____	

## 8. Operational Readiness: (O/R) Report Instructions

- I. Technicians perform O/R Check and logs it on 'Equipment Check Report - Pre-Shift / Training' worksheet, other personnel/supervisors may assist.
  - a. Quick visual confirmation to certify:
    1. Rescue equipment is accounted in the appropriate storage location or tracked to a staging area, select "O/R" to indicate entire kit is operationally ready.
    2. If equipment from the kit has been used, contaminated or otherwise requires preventative maintenance, select "PM", and specify on 'Maintenance Report':
      - a. Rescue "Equipment Category"
      - b. The specific item description
      - c. Inventory number (*3/20/21 – None of the equip has been tagged yet, so select "Unk" for Unknown until tagged*)
      - d. Preventative Maintenance is maintenance that can be performed in the field, as a general guide follow CLAIRE acronym:
        - i. Clean with mild soap and water, if appropriate, wipe to remove grime and debris, light contamination.
        - ii. Lubricate and top off fluid levels.
        - iii. Assess for dents, deformations, cracks, or other signs of degradation. Adjust parts as needed.
        - iv. Inspect moving parts or function test; inspect pins and other small components.
        - v. Repair or replace labels, bags, protective coverings; request or replace used, missing or expired supplies.
        - vi. Eliminate excessive contamination by taking appropriate care during use and storage.
      - e. After PM and inspection performed, if determined to be cleaned and functionally as manufactured & or as certified for Life Safety Equipment, select "O/R" for operationally ready.
    3. Select "CM" on 'Maintenance Report' if any equipment item requires corrective maintenance or repairs beyond what is field capable.
      - a. Notify office for immediate replacement and need to repair rescue equipment item.
      - b. Document inventory list and shift notes of equipment (category, description, inventory number) leaving kit and job site.
- II. Technicians shall perform inspections that meet NFPA 1858 requirements for *predeployment, routine, thorough* and document on 'Equipment Inspection Reports'.
  - a. Personnel determined by the office to be competent equipment inspectors will perform:
    1. IPD – Inspection performed Predeployment to a job/project.
    2. IDS – Thorough inspection performed when demobilizing at the end of shift.
    3. IDP – Thorough inspection performed when demobilizing at the end of a multi shift/day project.
    4. IWK – Periodic inspection performed on the weekly assigned day.
    5. IPR – Thorough inspection performed post repair.
  - b. When equipment sent in for corrective maintenance:
    1. Inspect and determine if can be cleaned properly, repaired, and used as life safety
    2. Clean free of heavy contaminants and repair functional parts manufactured specs & certified for Life Safety Equipment; select "O/R".
  - c. If not suitable for Life Safety but can be used for Utility or Training, select "U/T".
  - d. If not suitable for Life Safety or Utility and Fails inspection, it should be Retired, select "F/R".
- III. Equipment should always be stored in an operationally ready state, including during times of training.
  - a. Equipment checks pre training
  - b. Equipment inspections post training
  - c. Equipment PM performed as needed
  - d. Equipment worksheets should be completed to document chain of custody and equipment status if borrowed or removed from storage.

1. Job Name:				Equipment Check Report - Pre-Shift / Training											
9. Operational Readiness:		(Select)		PM Required		O/R Check Performed		CM Required							
Equip. Categories	Date	Mon		Tues		Wed		Thur		Fri		Sat		Sun	
		<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N
Medical Bag		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
AED		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Monitors		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Truck Van	Shop #	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Rescue PPE		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
SCBA & Bottles		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Harness		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Lanyards		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Trailer & Contents	#	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Ropes		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Hardware		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Software		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Stokes Kit		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
Aux. & Misc. Equipment Kits		<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM	<input type="checkbox"/> PM <input type="checkbox"/> O/R	<input type="checkbox"/> CM
10. Prepared by: (print name)															
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1. Job Name:		Equipment Inspection Report – Periodic / Routine													
9. Operational Readiness:		IWK Report (Inspection - Weekly Assigned Day)													
Equip. Categories	Date	Mon		Tues		Wed		Thur		Fri		Sat		Sun	
		<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N
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10. Prepared by: (print name)															
210A		RMP Page _____													

1. Job Name:		Equipment Inspection Report - Thorough															
9. Operational Readiness:		IPD (Pre-Deployment)				IPR (Post Repair)				IDS (Demobilize from Shift)				IDP (Demobilize from Project)			
Rescue Categories	Date	Mon		Tues		Wed		Thur		Fri		Sat		Sun			
	Insp. Type	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> N		
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12. Prepared by:																	

<b>1. Job Name:</b>		<b>2. Operational Period:</b>					<input type="checkbox"/> Day Shift	<input type="checkbox"/> Night Shift
<b>13. Operational Readiness: Maintenance Report</b>								
(Post Inspection & Maintenance ->Select Operationally Ready or Utility/Training or Failed /Retire)								
Equip. Category	Item Description	Inventory #	Maintenance Issue	Resolution				
		<input type="checkbox"/> UNK	<input type="checkbox"/> PM	<input type="checkbox"/> CM <input type="checkbox"/> O/R <input type="checkbox"/> U/T <input type="checkbox"/> F/R				
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<b>14. Prepared by:</b> Name: _____								
<b>210A</b>	RMP Page _____	Position: _____						