## State of New Jersey Emergency Medical Services Vehicle Check-in and Personnel Accountability Record

## <u>Crew Chief</u>: Please <u>complete</u> this form & <u>return</u> to the EMS Staging Area Manager (or designee)

Check appropriate choic	ce:	Ag	ency State ID C	code	<u>Staff Use</u> TI
<ul> <li>BLS Ambulance</li> <li>ALS Transport</li> <li>ALS Non-Transport</li> <li>Specialized Resource / Unit, describe:</li></ul>					
Agency Name:					$-211 \\ -TC$
Agency Unit ID#:		Incident	ID (if known)	:	Demob
Agency Contact name: _					
Agency Contact Email:					
License Plate#:	N	umber of Pe	rsonnel on bo	oard:	
What is your home age					
Fuel Level on Arrival at	Staging:	F 3⁄4	1/2 1/4	Gasolin	e Diesel
First & Last Name (Please list Crew Chief first)	Cert Level	Cell Phone #	Emergency conta	ct name	Emergency contact telephone #

Does each of your personnel have a <b>helmet</b> ?	Y	Ν			
Does each of your personnel have <b>respiratory protection</b> ?					
Please <b>circle</b> the type of respirators available: N-95 APR	SC	ЗBA			
Have your personnel been fit-tested for the available respirators?					
Are radio frequencies <b>JEMS 3</b> and <b>JEMS 4</b> programmed in the mobile unit radios?	Υ	Ν			
Are radio frequencies <b>JEMS 3</b> and <b>JEMS 4</b> programmed in your portable radios?	Υ	Ν			

While in the EMS Staging Area, please remain in your vehicle until you receive a status. Do not remove your stretcher or any equipment from your unit unless directed to do so. Thank you for your assistance.

NJEMSTF STAGING – CHECK IN – 2004, REV 8/2011