## 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)

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eck aphiohilate clidic	.c.	Agency State 1D Code		11	
BLS Ambulance				$-\frac{ID}{Cert}$	
ALS Transport		-		Type	
Specialized Resource / U	nit, descr	t, describe:		Auth	
aanay Namai				211	
gency Name:				<del></del>	
gency Unit ID#:		Incident	ID (if known):	Demo	
gency Contact Email:					
icense Plate#:					
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hat is your home ager	ncy Dispa	tch Contact	Number? :		
uel Level on Arrival at	Staging:	F 3/4 Cell Phone #	1/2 1/4 Gasol		
(Please list Crew Chief first)	Level	Cell Filolie #	Lineigency contact name	telephone #	
pes each of your personn	nel have a	helmet?		Y	
oes each of your personn oes each of your personn lease <b>circle</b> the type of re	nel have <b>r</b>	espiratory p	rotection?	Y Y APR SO	

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.