

DEPARTMENT OF HEALTH SERVICES  
 COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **DRC EQUIPMENT CHECKLIST**

REFERENCE NO. 1102.2

PURPOSE: To provide a mechanism for Disaster Resource Centers (DRC) to verify the required inventory.

POLICY: The DRC shall utilize this checklist to document items currently in their inventory.

Items	Required PAR Levels	Actual qty on hand
Blankets/Sleeping Bags	75	
Decontamination Inserts	2	
Medical/Surgical Supplies	Per Policy 1107	
Non-ambulatory Evacuation Equip	28	
Pharmaceutical Cache	Per Policy 1106	
Post - Decontamination Clothes (Adult)	40 Sets	
Post - Decontamination Clothes (Pediatric)	10 Sets	
Radiation Detection Equipment	2	
Towable Generator (20 KW minimum)	1	
Towing Vehicle (Prime mover)	1	
Trailers	2	
Vortran® Portable Vents	50 adult, and 5 event cases	
Vortran® Portable Vents	20 pediatric, and 2 event cases	
Ventilators, LTV® 1200	20	

The following items are to be stored in the Trailers:	Required PAR Levels	Actual qty on hand
Chairs	20/trailer = 40 total	
Disposable Linen	25/trailer = 50 Sets total	
Electrical Cords	2/trailer = 4 total	
Gas Cans (5 gallon)	1/trailer = 2 total	
HVAC Units	2/trailer = 4 total	
Isolation HEPA Filters	1/trailer = 2 Units total	
Outdoor Lighting	1/trailer = 2 total	

<b>The following items are to be stored in the Trailers:</b>	<b>Required PAR Levels</b>	<b>Actual qty on hand</b>
Pop Up Canopy	2/trailer = 4 total	
Portable Fans	2/trailer = 4 total	
Portable Sinks/Hand Washing Stations	1/trailer = 2 total	
Portable Toilets	1/trailer = 2 total	
Stretcher with wheels	5/trailer = 10 total	
Surge bed/cots	15/trailer = 30 total	
Tables (6-8 feet long)	2/trailer = 4 total	
Tents	2/trailer = 4 total	

### Statement of Verification

**I hereby verify that an inventory of all Grant funded equipment listed above has been completed and all items are up to PAR and available for deployment.**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name and Signature)

**Should any item on the above list fall below PAR levels, notify the EMS Agency immediately.**

Notification to EMS Agency by: \_\_\_\_\_ Date: \_\_\_\_\_