

# EMERGENCY MEDICAL INVENTORY

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

Date: \_\_\_\_\_  
Auditor: \_\_\_\_\_

ITEM DESCRIPTION	CURRENT QTY	MIN LEVEL	EXPIRY DATE	STATUS
Trauma Gauze (4x4, Sterile)		20 Units		
Hemostatic Dressing (QuikClot)		10 Units		
CAT Tourniquet (Gen 7)		5 Units	N/A	
Chest Seals (Vented)		8 Units		
Nitrile Gloves (Large, Box)		4 Boxes	N/A	
Saline Flush (10ml)		30 Units		
Epinephrine Auto-Injector		4 Units		
Bag Valve Mask (Adult)		2 Units	N/A	

ITEM DESCRIPTION	CURRENT QTY	MIN LEVEL	EXPIRY DATE	STATUS
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- Oxygen Tanks Full
- AED Battery Functional
- Sharps Container < 75%
- Diagnostic Tools Calibrated
- Biohazard Kits Present
- Lighting/Backup Power OK

Inventory Personnel Signature  
Supervisor Approval Signature