



Inventory Requirements and Checklist

Incident Resource Agreement 2026-2029

Please refer to **Appendix 8 – Medical Resources**, for all resource requirements.

ADVANCED LIFE SUPPORT (ALS) AMBULANCE

<input type="checkbox"/>	Vehicle Company Identification (external, on both driver and passenger sides of vehicle)
<input type="checkbox"/>	Reflective Triangles
<input type="checkbox"/>	Wheel Chocks (2)
<input type="checkbox"/>	Spare Tire
<input type="checkbox"/>	Fire Extinguisher, 2A 10BC with Current Inspection Tag
<input type="checkbox"/>	Ambulance Service License obtained through the Oregon Health Authority (See OAR 333-250-0210)
<input type="checkbox"/>	Ambulance Licensed by the Oregon Health Authority. (See OAR 333-255-0010)
<input type="checkbox"/>	Handheld Programmable Radio (1)
<input type="checkbox"/>	4-Wheel or All Wheel Drive Transportation Vehicle (if provided)
<input type="checkbox"/>	Seat Belts for All Personnel
<input type="checkbox"/>	Siren (mounted in accordance with 13 CCR § 1029)
<input type="checkbox"/>	Sufficient Interior Lighting
<input type="checkbox"/>	All Other Inventory Requirements Listed Under OAR 333-255-0072
<input type="checkbox"/>	All Other Ambulance Service Requirements as Governed by the Oregon Health Authority
<input type="checkbox"/>	Personal Protective Equipment (PPE) (Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection) for all Fireline Qualified Personnel



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BASIC LIFE SUPPORT (BLS) AMBULANCE

<input type="checkbox"/>	Vehicle Company Identification (external, on both driver and passenger sides of vehicle)
<input type="checkbox"/>	Reflective Triangles
<input type="checkbox"/>	Wheel Chocks (2)
<input type="checkbox"/>	Spare Tire
<input type="checkbox"/>	Fire Extinguisher, 2A 10BC with Current Inspection Tag
<input type="checkbox"/>	Ambulance Service License Obtained Through the Oregon Health Authority (See OAR 333-250-0210)
<input type="checkbox"/>	Ambulance Licensed by the Oregon Health Authority. (See OAR 333-255-0010)
<input type="checkbox"/>	Handheld Programmable Radio (1)
<input type="checkbox"/>	4-Wheel or All Wheel Drive Transportation Vehicle (if provided)
<input type="checkbox"/>	Seat Belts for All Personnel
<input type="checkbox"/>	Siren (mounted in accordance with 13 CCR § 1029)
<input type="checkbox"/>	Sufficient Interior Lighting
<input type="checkbox"/>	All Other Inventory Requirements Listed Under OAR 333-255-0072
<input type="checkbox"/>	All Other Ambulance Service Requirements as Governed by the Oregon Health Authority
<input type="checkbox"/>	Personal Protective Equipment (PPE) (Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection) for all Fireline Qualified Personnel



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BASE CAMP MEDICAL UNIT

<input type="checkbox"/>	Suitable Field Shelter w/ Air Cooling and Heating Capabilities
<input type="checkbox"/>	Handheld Programmable Radio (1)
<input type="checkbox"/>	Patient Intake Area with Reasonable Privacy
<input type="checkbox"/>	Bed/Cot with Adequate Privacy
<input type="checkbox"/>	Cardiac Monitoring/Pacing/Multi-Lead (Interpretative) Device
<input type="checkbox"/>	Oxygen (O2) Administration Equipment
<input type="checkbox"/>	Intravenous Fluid Administration Equipment
<input type="checkbox"/>	BLS and ALS Portable Kits (to respond to any location within assigned camp) (1 each)
<input type="checkbox"/>	Incident Support Medical Kits (See NFES 1760) or Equivalent (2 kits)



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RAPID EXTRACTION MODEL SUPPORT (REMS) UNIT

<input type="checkbox"/>	4x4 UTV SIDE-BY-SIDE (as required by REMS typing) with Patient Transport Capability
<input type="checkbox"/>	UTV Transport Trailer (for Type 1, Type 2)
<input type="checkbox"/>	Fire Extinguisher, 2A 10BC with Current Inspection Tag
<input type="checkbox"/>	Programable Handheld Radio (1)
<input type="checkbox"/>	Spare Tire(s) for UTV and Trailer
<input type="checkbox"/>	Spare Drive Belt
<input type="checkbox"/>	Fuses
<input type="checkbox"/>	UTV Tool Kit
<input type="checkbox"/>	Ratchet Straps
<input type="checkbox"/>	Inventory Requirements as Listed in PMS 552 NWCG Standards for Rapid Extraction Module Support
<input type="checkbox"/>	Personal Protective Equipment (PPE) (Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection)



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EMERGENCY MEDICAL RESPONDERS (EMR)

<input type="checkbox"/>	Current Oregon EMS License (National Licenses are not Accepted)
<input type="checkbox"/>	Programable Handheld Radio (1)
<input type="checkbox"/>	Medical Equipment and Supplies as per the Medical Director’s Protocols and Authorizations
<input type="checkbox"/>	Additional Inventory Requirements as Listed for Each Resource (Bill’s Spreadsheet)
<input type="checkbox"/>	Portable or ‘Hikable’ Medical Supplies and Equipment for all Fireline Qualified Personnel
<input type="checkbox"/>	Personal Protective Equipment (PPE) (Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection)