

## AMBULANCE STRIKE TEAM UNIT DATA SHEET

**VEHICLE DATA:** LIC. NO: \_\_\_\_\_ ICS AMB TYPE: 1 2 3 4

HOME AGENCY: \_\_\_\_\_ UNIT DESIGNATOR: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ ENGINE HORSEPOWER: \_\_\_\_\_ GVW: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

4 WHEEL DRIVE: YES NO FUEL: DIESEL GAS O2 CYLINDER SIZE: \_\_\_\_\_

AMBULANCE  BUS  QRV TRANSPORT CAPACITY: \_\_\_\_\_  ALS  BLS

**COMMUNICATIONS CAPABILITIES:** CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

FREQUENCY CAPABILITIES: ON BOARD RADIO: \_\_\_\_\_

PORTABLE RADIO(S) \_\_\_\_\_ QTY: \_\_\_\_\_ FIELD PROG: Y/N

OTHER SPECIALIZED EQUIPMENT: \_\_\_\_\_

DRINKING WATER: \_\_\_\_\_ (DAYS SUPPLY) RATIONS: \_\_\_\_\_ (DAYS SUPPLY)

SLEEPING BAGS QTY: \_\_\_\_\_

SAFETY:  PPE FOR EACH MEMBER

STRUCTURAL/USAR PPE  HAZMAT PPE FOR EACH CREW MEMBER

**CREW DATA:**

NAME	CREW LEADER	CREW MEMBER	CREW MEMBER	CREW MEMBER
SOC # LAST 4				
EMAIL				
PHONE				
MEDICAL PROBLEMS				
EMERG. CONTACT				
ICS QUAL.				
EMS CERT.				
OTHER				