



Tuolumne County Emergency Medical Services Agency

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IV Pump Check Off Sheet

Paramedic Name: _____ Paramedic License # _____

Paramedic Signature: _____ Pump Model: _____

	Proved Competency	Not Proved Competency
Power on and off pump		
Adjust rate of flow		
Flush line upon completion of infusion		
Troubleshoot common problems		
Check in and Check out procedure		

The verifier must be approved by the Tuolumne County EMS Agency.

Approved Verifier Information:

Name: _____ Date: _____

Signature: _____