**Purpose and instructions:** This checklist is to track who and what is loaded/unloaded on each vehicle for transport. The transport leader on each vehicle will initial when the patient/client/resident and their critical belongings are loaded on the vehicle and then again will initial when they are unloaded at the receiving site.

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| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Mode:** |  | **Vendor:** |  |
| **Transport leader** **Name & contact information:** |  |
| **Sending site EOC director****Name & contact information:** |  |

|  |  |
| --- | --- |
| **Patient/client/resident information** | **Sign when completed** |
| **Name** | **Medical chart** | **Medications****(PRN & 72 hr supply)** | **Luggage** | **Equipment** | **Sending initial** | **Receiving initial** |
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