

Mississippi Department of Youth Services
 Division of Youth Services

Medical Equipment Check Sheet Year: _____

Equipment Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Refrigerator (Medication Room)												
▪ Clean												
▪ Temperature 35 – 40 degree Fahrenheit												
2. Refrigerator (Lab Room)												
▪ Clean												
▪ Temperature 35 – 40 degree Fahrenheit												
3. Refrigerator (Food)												
▪ Clean												
▪ Temperature 35 – 40 degree Fahrenheit												
4. Suction Machine												
▪ Charged												
▪ Suction Present When Active												
▪ Tubing Accessible												
5. Oxygen Equipment												
▪ Accessible												
▪ Cylinder Level												
6. Glucometer												
▪ Calibration Checked												
▪ Function Checked												
7. Trauma Kit												
▪ Accessible												
▪ Content Intact												

Nurses Name	Initials	Nurses Name	Initials	Nurses Name	Initials	Nurses Name	Initials

Checks are to be completed within the first week of every month. Initial and date each box as you complete your checks. If problems are noted place an asterisk (*) in that box and explain problem on the back of the form. Notify the Health Services Supervisor of any problems noted.

