<u>Medical E</u>	<u>lquipn</u>	<u> 1ent C</u>	heck	<u>Sheet</u>	Y	ear: _		_				
Equipment Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Refrigerator (Medication Room)		1.5	11					vus ii	-6			Progressor Population
■ Clean												
■ Temperature 35 – 40 degree Fahrenheit												
2. Refrigerator (Lab Room)	1			1000					1.11	a e Car		Algorith.
■ Clean				Programme and the state of the								
■ Temperature 35 – 40 degree Fahrenheit												
3. Refrigerator (Food)		. .					1 24	erus 1994 Se 1998			1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
■ Clean												
■ Temperature 35 – 40 degree Fahrenheit										ļ		
4. Suction Machine		1,10,000									T. Aust	
■ Charged												
■ Suction Present When Active												
Tubing Accessible												
5. Oxygen Equipment		1.0				ABE II.	est star					
Accessible												
Cylinder Level												
6. Glucometer		1 51 5 4									1 1 1 1 1 1	11.1.1.1 13.1.1.1
Calibration Checked												
■ Function Checked												
7. Trauma Kit				- 1	18 B (18 )							
■ Accessible												
Content Intact						<u> </u>				****		
Nurses Name Initials Nurses	Name	I	nitials	1	Nurses N	ame	Init	ials	Nurs	es Name	· 	Initials

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Revised: 07/01/08, 01/15/11

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.

Date	Time	Problem:	Reported to:	Signature		
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Form XI.4.C 1&2

Effective Date 07/01/06

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