Your
Hospital's
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EMERGENCY EQUIPMENT CHECKLIST

FOR UNIT:

MONTHE YEAR: YEAR: <t< th=""><th colspan="14"></th><th></th><th></th></t<>																																
(1) LOCKS #1	MONTH:	YEAR:	~	2	ო	4	ດ	2	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
(2) LOCKS #2 I	CODE	CART:																														
(3) AMBU BAG (3) AMBU BAG (4) BACKBOARD (5) OTHER (6) COMMENTS (7) OTHER (7	(1)	LOCKS #1																														
(4) BACKBOARD I <td< td=""><td>(2)</td><td>LOCKS #2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2)	LOCKS #2																														
(5) OTHER I </td <td>(3)</td> <td>AMBU BAG</td> <td></td>	(3)	AMBU BAG																														
(6) COMMENTS I	(4)	BACKBOARD																														
	(5)	OTHER																														
(7) INITIALS	(6)	COMMENTS																														
	(7)	INITIALS																														

INSTRUCTIONS

[a] Check the emergency equipment; then place a checkmark in the box next to equipment / supplies below corresponding date.

[b] Place initials at bottom of the column.

[c] Document lock numbers daily in each corresponding box.

[d] Write the actions you've taken / actions required in COMMENTS section for any equipment malfuctioning / requiring repair.