

Your  
Hospital's  
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# EMERGENCY EQUIPMENT CHECKLIST

FOR UNIT: \_\_\_\_\_

MONTH:	YEAR:	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>
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CODE CART:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
(1)	LOCKS #1																																
(2)	LOCKS #2																																
(3)	AMBU BAG																																
(4)	BACKBOARD																																
(5)	OTHER																																
(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 malfunctioning / requiring repair.