

Daily Equipment & Supplies

Checklist

Date _____

	Date Initials	Task
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		Emergency Kit has Seal Lock # _____
<input type="checkbox"/>		Face Mask, Nasal Cannula present and still in clean clear wrapping
<input type="checkbox"/>		
<input type="checkbox"/>		AED DEFIB Check to ensure power and readiness
<input type="checkbox"/>		O2 Tank Present and spiked ready for delivery of O2
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	REMINDER	Total Exposure rates have been documented
<input type="checkbox"/>		
<input type="checkbox"/>	REMINDER	All staff wear their Dosmetry Badges Per Policy
<input type="checkbox"/>		
<input type="checkbox"/>	REMINDER	Time Out to occur on each patient
<input type="checkbox"/>	REMINDER	Expired items are tossed and destroyed via the company policy
<input type="checkbox"/>	REMINDER	Quality Checks completed prior to urine pregnancy test performed
<input type="checkbox"/>		
<input type="checkbox"/>	REMINDER	Humidity & Temps have been logged for the day
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Staff Person Sign/Date