

## MONTHLY EMERGENCY EQUIPMENT CHECKLIST

CLINIC \_\_\_\_\_ YEAR \_\_\_\_\_

| January                    |   | February                   |   | March                      |   |
|----------------------------|---|----------------------------|---|----------------------------|---|
| Date _____                 | Place <input type="checkbox"/> in box             | Date _____                 | Place <input type="checkbox"/> in box             | Date _____                 | Place <input type="checkbox"/> in box             |
| Ambubags                   | <small>Yes N/A</small>                            | Ambubags                   | <small>Yes N/A</small>                            | Ambubags                   | <small>Yes N/A</small>                            |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| 100% non-Rebreathers       |   | 100% non-Rebreathers       |   | 100% non-Rebreathers       |   |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| Nasal Cannula              |   | Nasal Cannula              |   | Nasal Cannula              |   |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> |
| Signature _____            |   | Signature _____            |   | Signature _____            |   |
| April                      |   | May                        |   | June                       |   |
| Date _____                 | Place <input type="checkbox"/> in box             | Date _____                 | Place <input type="checkbox"/> in box             | Date _____                 | Place <input type="checkbox"/> in box             |
| Ambubags                   | <small>Yes N/A</small>                            | Ambubags                   | <small>Yes N/A</small>                            | Ambubags                   | <small>Yes N/A</small>                            |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| 100% non-Rebreathers       |   | 100% non-Rebreathers       |   | 100% non-Rebreathers       |   |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| Nasal Cannula              |   | Nasal Cannula              |   | Nasal Cannula              |   |
| -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> | -Infant                    | <input type="checkbox"/> <input type="checkbox"/> |
| -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> | -Pedi                      | <input type="checkbox"/> <input type="checkbox"/> |
| -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> | -Adult                     | <input type="checkbox"/> <input type="checkbox"/> |
| O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) | <input type="checkbox"/> <input type="checkbox"/> |
| Signature _____            |   | Signature _____            |   | Signature _____            |   |

## MONTHLY EMERGENCY EQUIPMENT CHECKLIST

CLINIC \_\_\_\_\_ YEAR \_\_\_\_\_

| July   | August   | September  |
|--|--|--|
| Date _____ Place <input type="checkbox"/> in box                             | Date _____ Place <input type="checkbox"/> in box                             | Date _____ Place <input type="checkbox"/> in box                             |
| Ambubags <span style="float: right;">Yes N/A</span>                          | Ambubags <span style="float: right;">Yes N/A</span>                          | Ambubags <span style="float: right;">Yes N/A</span>                          |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| 100% non-Rebreathers   | 100% non-Rebreathers   | 100% non-Rebreathers   |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| Nasal Cannula  | Nasal Cannula  | Nasal Cannula  |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> |
| Signature _____  | Signature _____  | Signature _____  |
| October  | November   | December   |
| Date _____ Place <input type="checkbox"/> in box                             | Date _____ Place <input type="checkbox"/> in box                             | Date _____ Place <input type="checkbox"/> in box                             |
| Ambubags <span style="float: right;">Yes N/A</span>                          | Ambubags <span style="float: right;">Yes N/A</span>                          | Ambubags <span style="float: right;">Yes N/A</span>                          |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| 100% non-Rebreathers   | 100% non-Rebreathers   | 100% non-Rebreathers   |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| Nasal Cannula  | Nasal Cannula  | Nasal Cannula  |
| -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    | -Infant <input type="checkbox"/> <input type="checkbox"/>                    |
| -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      | -Pedi <input type="checkbox"/> <input type="checkbox"/>                      |
| -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     | -Adult <input type="checkbox"/> <input type="checkbox"/>                     |
| O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> | O <sub>2</sub> tank (full) <input type="checkbox"/> <input type="checkbox"/> |
| Signature _____  | Signature _____  | Signature _____  |