

# MONTHLY CRASH CART/EMERGENCY EQUIPMENT CHECKS

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

January	February	March
Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____
April	May	June
Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____
July	August	September
Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____
October	November	December
Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____	Place <input type="checkbox"/> in box    Date _____ <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> <b>No Expired Supplies/Meds</b> <input type="checkbox"/> Bag Valve Mask (BVM) <input type="checkbox"/> AED (turn on to check battery) <input type="checkbox"/> Suction Unit <input type="checkbox"/> O <sub>2</sub> tank (full) <input type="checkbox"/> O <sub>2</sub> gauge Signature _____ Lock # Applied: _____