

MONTHLY EMERGENCY EQUIPMENT CHECKLIST

CLINIC _____ YEAR _____

January	February	March
Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____	Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____	Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____
April	May	June
Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____	Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____	Date _____ Place <input type="checkbox"/> in box Ambubags -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> 100% non-Rebreathers -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> Nasal Cannula -Infant <input type="checkbox"/> -Pedi <input type="checkbox"/> -Adult <input type="checkbox"/> O ₂ tank (full) <input type="checkbox"/> Meds -EpiPen (2) <input type="checkbox"/> -EpiPen Jr. (for child <30kg) <input type="checkbox"/> Signature _____

MONTHLY EMERGENCY EQUIPMENT CHECKLIST

CLINIC _____ **YEAR** _____

July	August	September
<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>	<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>	<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>
October	November	December
<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>	<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>	<p>Date _____ Place <input type="checkbox"/> in box</p> <p>Ambubags</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>100% non-Rebreathers</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>Nasal Cannula</p> <p>-Infant <input type="checkbox"/></p> <p>-Pedi <input type="checkbox"/></p> <p>-Adult <input type="checkbox"/></p> <p>O₂ tank (full) <input type="checkbox"/></p> <p>Meds</p> <p>-EpiPen (2) <input type="checkbox"/></p> <p>-EpiPen Jr. (for child <30kg) <input type="checkbox"/></p> <p>Signature _____</p>