

## DAILY EQUIPMENT CHECKLIST: GENERAL CARE BED

Name of Facility:	Month and Year:	Bed number:	

Check each piece of equipment daily. Add any additional equipment currently at the bedside to the below list under "Suction unit".

- Cleaned daily (detergent & water) and fully functional
- Oxygen flow meter Aquapack/humidifier changed if used. No air leaks. Flow meters functional.
- Suction unit clean liner, tubing & catheter connected. Suction pressure maximum 20 cm H<sub>2</sub>O suction pressure present.

• Suction unit -	Clean	iiiiei,	, tubii	Ig & C	atnet	er co	mect	eu. 30	uctioi	pres	sure -	IIIdXI	mum	20 CI	II Π <sub>2</sub> U	Sucti	on pr	essur	e pres	ent.											
Equipment item: Record Serial/Equip numbers below	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
Bed or Cot																															
Cardiac trolley																															
Chair - mother																															
Flow meter																															
Locker																															
Suction unit																															
Action																															
Action																															
Sign																															