



Daily Equipment Checklist-HC

Month and Year:	Unit:	Bed number:
------------------------	--------------	--------------------

- Check each piece of equipment daily.
- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Cleaned daily (detergent&water) • Alarms set • No cracks/breaks | <ul style="list-style-type: none"> • Fully Functional-no error readings • All consumables eg probes/cables present and functional • No exposed wires • Phototherapy lights <1000hrs & all working | <ul style="list-style-type: none"> • Suction unit-clean liner, tubing and catheter connected. Suction pressure- maximum 20cmH₂O. Suction pressure present. • Oxygen (flow meter& blender)-aquapack/humidifier changed if used. No air leaks. Flow meters functional. |
|---|--|---|

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
Nasal CPAP																															
Humidifier																															
Syringe Pump																															
Infusion Pump																															
Patient Monitor																															
Phototherapy																															
Closed Incubator																															
ICU Crib																															
Oxygen																															
Suction																															
Stethoscope																															
Action																															
Sign																															