

Daily Equipment Checklist-GC/KMC

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
Closed Incubator																															
Bassinet																															
Syringe Pump																															
Infusion Pump																															
Saturation Monitor																															
Phototherapy																															
Oxygen flow meter																															
Oxygen blender																															
Suction																															
Stethoscope																															
Action																															
Sign																															