

Transport Incubator Checklist



UNIT: _____

YEAR: _____



health

Department:

Health

PROVINCE OF KWAZULU-NATAL

Unit:																											Month and Year:				
Complete checklist daily. Checklist should be stored in plastic sleeve attached to incubator.																															
Day	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.
1. Plugged in & switched on																															
2. Heated to 36°C																															
3. Oxygen cylinder & gauge present & functional																															
4. Oxygen full																															
5. Ambubag, mask & tubing present and functional																															
6. Mattress present & intact																															
7. Clean sheet present																															
8. Door seals present & correctly attached-no gaps																															
9. Incubator clean*																															
Sign																															
Action taken for any problem identified																															

* Transport incubator should be cleaned after every use and terminally cleaned every week. The incubator hood should be lifted off an interior and exterior surfaces cleaned

Unit:																												Month and Year:			
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Day	30.	31.	32.	33.	34.	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	30.	31.
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