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| Date and Time | Trolley contents correct and in date?  **DAILY** | Defibrillator check passed?  (N/A if not applicable)  **DAILY** | Suction check passed?  (N/A if not applicable)  **DAILY** | O² cylinder over ½ full?  (N/A if not applicable)  **DAILY** | Anaphylaxis box checked and correct?  (at least once every 7 days) | Print full name | Comments |
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