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| Date and time | Trolley seal intact andall drawers fully closed?  (Document seal number please)  **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** | Full trolley contents checked and correct?  **Every 7 days and following use** | Anaphylaxis box checked and correct?  **Every 7 days and following use** | Print full name | Comments |
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