

EMERGENCY EQUIPMENT CHECKLIST

The presence of emergency equipment is to be checked **once a day at the start of shift.**

Enter a check mark ✓ in confirmation of emergency equipment being present and functional

MONTH: _____ YEAR: _____ LOCATION: _____

Date	Time	Manual Res. Bag w/ masks (✓)	Full O2 Tank & Reg (✓)	Portable Suction (✓)	AED present & status window checked (✓)	Comments	RN Signature
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							