PREMIER medical group

DAILY OFFICE AED EMERGENCY SUPPLY CHECK LIST:

DATE	AMBU BAG OR MASK PRESENT	*** O2 TANK FULL	***O2 MASK AND TUBING AVAILABLE	AED TEST BATTERY CHECK/ PADS	CHECK SUPPLY EXP DATES	EMERGENCY EVENT LOG AVAILABLE	EMERGENCY DRUG/ IV BOX IF APPLICABLE	CLINICAL STAFF OR NURSE SIGNATURE

***IF APPLICABLE TO SITE

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