



Medical Equipment Inventory and Repairs

| # | Equipment | Calibration Documentation/ Date | Make/Model | Type | Repair/Contact Person | Phone # | Date Serviced | Maintenance Instructions |
|----|---------------------|---------------------------------|------------|------|-----------------------|---------|---------------|--|
| 1 | Wheelchair | | | | | | | Clean with disinfectant regularly |
| 2 | Feeding Tube | | | | | | | Clean with disinfectant regularly |
| 3 | Pace Maker | | | | | | | |
| 4 | Hoyer Lift | | | | | | | Clean with disinfectant regularly |
| 5 | Glucometer | | | | | | | Replace when malfunctioning and disinfect regularly (test/ calibrate monthly, if applicable) |
| 6 | Blood Pressure Cuff | | | | | | | Replace when necessary and disinfect regularly |
| 7 | Oxygen Tank | | | | | | | Replace when necessary and disinfect regularly |
| 8 | Oxygen Concentrator | | | | | | | Replace when necessary and disinfect regularly |
| 9 | Nebulizer | | | | | | | Replace when necessary and disinfect regularly |
| 10 | Gait Belt | | | | | | | Replace when necessary and disinfect regularly |
| 11 | Walker | | | | | | | Replace when necessary and disinfect regularly |
| 12 | Weight Scales | | | | | | | Replace when necessary and disinfect regularly (calibrate annually) |
| 13 | Hospital Bed | | | | | | | Replace when necessary and disinfect regularly |



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|----|-----------|---------------------------------|------------|------|-----------------------|---------|---------------|--------------------------|
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Please list out Medical Equipment Vendors to contact in your area.

| Vendor Name | Address | Phone Number | Contact | Description of Equipment |
|-------------|---------|--------------|---------|--------------------------|
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