

**EMERGENCY RESPONSE EQUIPMENT
DAILY CHECK**

Month: _____ Year: _____

DAY	OXYGEN TANK FULL		SUCTION WORKS W/ ATTACHMENTS		EMERGENCY RED BAG SEALED		EKG WORKING LEADS AND CLIPS PRESENT		AED <input checked="" type="checkbox"/>		STAFF INITIALS		COMMENT/REPLACEMENTS RED TAG SERIAL NUMBER	COMMENT/REPLACEMENTS RED TAG SERIAL NUMBER
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