

Emergency Supplies Inventory Checklist

YEAR _____

SUPPLIES & EQUIPMENT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
OXYGEN (FULL)												
TUBING/CANNULA												
AMBU BAGS/FACE MASK INFLATED												
EPINEPHRINE (within exp dates)												
BENADRYL 25 mg oral and/or 50 mg/ml IM inj. (within exp dates)												
SYRINGES												
ALCOHOL WIPES												
DOSAGE CHART												

Print Name _____ **Signature** _____ **Initials** _____

Print Name _____ **Signature** _____ **Initials** _____

Print Name _____ **Signature** _____ **Initials** _____

Print Name _____ **Signature** _____ **Initials** _____

- ▶ **Print name and sign name and initials above**
- ▶ **Document day of month and initials when equipment is verified to be in working order, medications are within expiration dates, oxygen tank is full and medication dosage chart is present.**