

Use and Maintenance of Medical Equipment

Employee: _____ **Title:** _____

The employee mentioned above has been oriented and instructed in the proper use and maintenance of all medical equipment used within his/her scope of practice. A qualified instructor provided the employee with the orientation and instruction.

This employee has provided a successful return demonstration showing his/her knowledge, understanding and competency in the proper use and maintenance of the medical equipment specified below.

Medical Equipment	Date	Instructor's Signature	Employee's Signature
Audiometer			
Autoclave			
Centrifuge			
Defibrillator			
EKG Machine			
Eye Chart (literate & illiterate) and Eye Occluder for Vision Testing			
Glucometer			
Hemaglobinometer			
Oxygen Tank, Mask, Tubing, AmbuBag with Face Mask			
Scales (Adult & Infant)			
Stethoscope & Blood Pressure Cuff (Pediatric, Adult, Obese, Thigh Cuff)			
Stature Measuring Devices (Height/Length)			
Thermometer (Oral, Tympanic/Temporal)			
Ultrasonography Equipment			