# Host Hospital Checklist for Sending and Receiving Provincial High Flow Nasal Cannula System (Airvo™2)

**To be completed prior to the High Flow Nasal Cannula System (Airvo™ 2) shipping and upon return**

***Please complete one form per High Flow Nasal Cannula System (Airvo™ 2)***

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Hospital Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Lead (Name and Title):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number and Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Airvo™ 2 unit being (check one):  Shipped  Received**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requesting Hospital Name** | | **Requesting Hospital Contact Name and Number** | |
|  | |  | |
| **Type of Unit** | | **Date Shipped / Received** | |
| High Flow Nasal Cannula System (Airvo™ 2) | |  | |
| **MOH Asset Tag Number** | **Hospital Tag Number** | | **Serial Number** |
|  |  | |  |

| **Action** | **Status** | **Date** | **Initials** |
| --- | --- | --- | --- |
| Vendor information on the Airvo™ 2 unit | **No  Yes** |  |  |
| Biomedical electrical check | **No  Yes** |  |  |
| Passed the following tests:  Heater plate  Check for leaks  Check for blockages  Check tube  Power out | **No  Yes**  **No  Yes**  **No  Yes**  **No  Yes**  **No  Yes** |  |  |
| Air filter present and filter cover attached | **No  Yes** |  |  |
| Disinfection counter | Number: |  |  |
| Wipe down with hospital approved cleaning solution | **No  Yes** |  |  |
| Check overall condition of the Airvo | **Very Good  Good  Poor** |  |  |
| Keyboard/Panel buttons condition | **Very Good  Good  Poor** |  |  |
| Trolley/stand condition - casters | **Very Good  Good  Poor** |  |  |
| Display condition (scratches/pitting/brightness) | **Very Good  Good  Poor** |  |  |
| Power cord attached | **No  Yes** |  |  |
| Basket attached | **No  Yes** |  |  |
| High flow O2 meter and hose with DISS connection included | **No  Yes** |  |  |
| Disinfection hose and filter attached | **Very Good  Good  Poor** |  |  |
| Air intake filter sent | **No  Yes  N/A**  Number: |  |  |
| Air intake filter returned | **No  Yes  N/A**  Number: |  |  |
| Circuits sent | **No  Yes  N/A**  Number: |  |  |
| Circuits returned | **No  Yes  N/A**  Number: |  |  |
| Comments for items marked as ‘poor’: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard Biomedical Test** | **Pass** | **Date** | **Signature** |
| Performed by: | **No  Yes** |  |  |
| **Biomedical Engineering Electrical Safety Test** | **Pass** | **Date** | **Signature** |
| Performed by: | **No  Yes** |  |  |
| **Respiratory Therapy Department Functionality Test** | **Pass** | **Date** | **Signature** |
| Performed by: | **No  Yes** |  |  |

**This form was completed by:**

|  |  |
| --- | --- |
| **Name:** | |
| **Position:** | **Contact Number:** |
| **Signature:** | **Date:** |