## Host Hospital Checklist for Sending and Receiving Provincial Ventilators

## To be completed prior to ventilator shipping and upon return

<u>NOTE</u>: Host Hospital to contact the vendor(s) directly, for repairs, malfunctions or damages that fall within warranty terms and conditions.

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Host Hospital Name:		
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Site Lead (Name and Title): \_\_\_\_\_

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

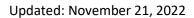
Please complete one form per ventilator (to be filed at your hospital)

Ventilator being (check one):

🗆 Shipped 🛛 🗆 Rece

□ Received □ For Rotation

Requesting Hospital N	lame		Requesting Hos	pital Cont	act Name a	nd Number
Type of Ventilator (AVEA, Bellavista, Carescape R860, Hamilton T1, PB 840, Servo-N, Servo-U, V500)		1, Date Shipped / Received				
MOH Asset Tag Number	Hospital Tag N		ag Number	Serial Number		per
Action			Status		Date	Initials
Read hours meter		Numb	per of hours:	_		
Wipe down ventilator with hospital cleaning solution	approved	🗆 No	□ Yes			
Biomedical electrical check (receivin	g only)	🗆 No	🗆 Yes			
Check overall condition of the housing		Very Good 🛛 Good 🖓 Poor				
Keyboard/panel condition		□ Very Good  □ Good  □ Poor				
Trolley/stand condition – casters		] Very Good 🛛 Good 🖓 Poor				
Scratches or damage on display field/screen		] No □ Yes:				
Power cord attached		No 🗆 Yes				
Patient circuit arm attached		🗆 Yes				





Action	Status	Date	Initials
Disposable Expiratory Valve sent	□ No □ Yes Number sent:		
Reusable Expiratory Valve sent	□ No □ Yes Number sent:		
Reusable Expiratory Valve returned	□ No □ Yes Number sent:		
Fan cover and filters in place	🗆 No 🖾 Yes		
Operator Manual (if requested)	🗆 No 🖾 Yes		
Vendor information on the ventilator	🗆 No 🖾 Yes		
Humidifier attached	□ No □ Yes □ N/A		
Heater wire cable	🗆 No 🖾 Yes		
Temperature probe cable	🗆 No 🖾 Yes		
O <sub>2</sub> and air high pressure lines attached with	🗆 No 🖾 Yes		
DISS connections			
Circuits sent	🗆 No 🛛 Yes: Number Sent		
Circuits returned	🗆 No 🛛 Yes:		
	Number Returned		
Test Tube (Circuits) for Servo N/U	🗆 No 🛛 Yes 🗆 N/A		
End Tidal CO <sub>2</sub> cable sent	🗆 No 🖾 Yes		
End tidal CO <sub>2</sub> cable returned	🗆 No 🖾 Yes		
External flow sensor included	□ No □ Yes: Number Sent		
Heated Expiratory filter (if applicable) sent	□ No □ Yes □ N/A		
Expiratory filter for specific ventilator sent	□ No □ Yes □ N/A		

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:

