

TIME IN: _____

MILEAGE: _____

PM RESPIRATORY SERVICES

3306 SW 26TH AVE # 402

OCALA, FL 34474

(P) 352-237-4545 (F) 352-237-9655

TIME OUT: _____

CONCENTRATOR SERVICE CHECKLIST

PATIENT NAME: _____ DATE: _____

CONCENTRATOR MODEL: _____ SERIAL NUMBER: _____

CONCENTRATOR HOURS: _____

ANALYZER INFO: OUTPUT RATE-LPM _____ CONCENTRATION _____ %

FILTERS:

INNER-CLEAN _____
DIRTY _____ REPLACED--COMPRESSOR INLET FILTER(HEPA) _____

END PRODUCT BACTERIA FILTER _____

OUTER-CLEAN _____
DIRTY _____ REPLACED--FOAM CABINET FILTERS (FOAM) _____

DISPOSABLE SUPPLIES:

NASAL CANNULA: 7-FT QTY _____ 4-FT QTY _____

TUBING: 7-FT QTY _____ 25-FT QTY _____ 50-FT QTY _____

MISCELLANEAOUS ITEMS: (indicate quantity)

REGULATOR WASHERS _____ CONNECTORS _____ TANK WRENCHES _____

NO SMOKING SIGNS _____ O2 ADAPTORS _____ OTHER _____

B/M6 CYLINDERS _____ LOT # _____

E-CYLINDERS _____ LOT# _____

BACK-UP TANK E-CYLINDER FULL YES NO N/A

BACK-UP TANK IN WELL VENTILATED AREA YES NO N/A

NO SMOKING SIGN POSTED YES NO N/A

YELLOW SERVICE STICKER REPLACED YES NO N/A

ALARM CHECKED BY UN-PLUGGING CONCENTRATOR YES NO N/A

CONCENTRATOR SET AT PRESCRIBED FLOW RATE YES NO N/A
(Call office if necessary for correct lpm)

COMMENTS (pt smoker [?], pt concerns, etc) _____

Patient/Caregiver Signature

Date

PM Respiratory Technician Signature

Date