EMERGENCY CARE CENTER CRITICAL CARE ROOM INVENTORY CHECKLIST

Week:	Year		_						
	nventory will be checked and rest obtain appropriate replacements.								
Location	te a	Quantity	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:
	gainst Wall (by IV Supplies)	1000 H 1000 D		102000000	10 10 10 10 10 10 10 10 10 10 10 10 10 1	NAME AND ADDRESS OF	12-34/55/50/50	and the second	Service and
	Emergency Delivery Kit	or other party of the last of	ON STREET, SQUARE,	CHISHOUS	SHORNORSHIT	SECRETARIO	RESPONSABLE N	CHICAGO CO.	MORNOR WITH
1 shelf	Box Pressure Bags (1000 cc)	2							
	Box Pressure Bags (500cc)	1			_				
	Thoracotomy supplies	N/A							
	Thoraseals	2							
2 ^{na} Shelf								-	
177 16 16	Thoracentesis Tray	1							
	Crico Kit	1							
3 ^{re} shelf	Peritoneal Lavage Equipment	2	_	_	_	-	_		
3" snerr	Chest Tube Set Pleur-vac	3 2	_	_	-	_	_		
4 th shelf	Chest Tubes / Assorted Sizes	N/A		_	_				
4 0000	Aspirating Tray	1		_					
5 th shelf	Trach Tray	1							
	Multi-sized Trach Tubes	N/A					-		
6 th shelf	Adult LP Tray	2				324			
	CVP Kit	2						-	
7 th shelf	Adult Cut Down Tray	2				100	-		
	A Line Kit	1				_			
		-		-	-	-	-		***
Cabinet #1			KIN BRIDE	1 Cramero				A STATE OF THE PARTY OF	STATE OF STREET
Top Shelf	Heavy Drainage Packs Ace Bandage – 6*	6	_		_		_		
	Ace Bandage – 6" Ace Bandage – 4"	3	_	_	_	_		\vdash	_
	Ace Bandage – 3"	4			_	_			
	Kling – 6"	4							-
	Kling – 4*	4							$\overline{}$
	Abd Pads / Box	1							
Bottom Shelf	4 x 4's / tray	10				1.0			
	Suture Sets	3							
	Lap Towels	2							
	Sterile Bowls	2							$\overline{}$
	Multi-Size Sponges / Box	1		_					
	Light Handle	1		_					
1900 MERCAND 4410	WEST OF BUILDING STATE OF THE S	TANKS TO SERVICE STREET	CHARLES AND ADDRESS.	CONTRACTOR OF THE PARTY OF THE	CANADA CONTRACTOR	CONTRACTOR	10 TAX 2 A LOS	22/2/2/2000	NEW PROPERTY.
Control of the Contro	AND DESIGNATION OF THE PROPERTY OF THE PROPERT	STEPROVEN	N-COMMON PROPERTY	STREETSBEEK	ORDING CHARLE	100000000000000000000000000000000000000	DHO RISTRA	NAME OF TAXABLE PARTY.	1900000000
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	2								
				1	-				
	1								
	-	_							

Location	Item	Quantity	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:
Cabinet #2 (These items used as OD equ	ipment o	nly)		1100	1000			THE REAL PROPERTY.
Top Shelf	Above Sink	NAME OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE	COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAM		O SERVE WHO IN	Contract of the last	STATE OF THE PERSONS ASSESSED.	90350000
	Box Face Shields	1							
	Protective Eye Wear	3							
	Pack Gowns	1							
	E-Wald Tube / Turn-E-Vac	6							
Bottom Shelf	Above Sink								
	Sterile H20	3							
	Sterile Na	6							
	Multi-Size NG Tubes								
	Salem Sump								
	Pedi Feeding Tubes								
	Pedi Feeding Tubes Additional Turn-E Vac Supplies								
	Staff initials who checked the			+					
	inventory.								_
	Additional Suction Supplies	- /							
	Mast Trousers						_	_	-
			-	_	-	-	_	-	-
	Staff initials who checked the				1	1	1	l .	
	inventory.							_	_
						ATM CHARGE	Horse Parket	Total Control Acres	10 A 1344
Drawer #1	Horamite Balling State Service		ALC: NAME OF TAXABLE PARTY.	SECULIAR .	STATE OF THE PARTY.	SHEET COL	STATE OF THE PARTY.	HERE WEST	\$100 B
Drawer #1	Lab Supplies	_		_	-	_	_	-	-
	ABG Supplies	_	-	_	-	-	-	-	-
	*****	_	-	-	-	-	_	-	-
Drawer #2	Multi-sized syringes	-	_	+	-		-	-	-
	Multi-sized needles	-	+	-	-	+	-	_	-
Bottom Shelf	Donture come :		+	+	_	_	_	_	_
Bottom Sheir	Denture cups Wash Basins	_	-	+	_	-	_	_	_
		-	+	-	_	+	_	_	_
	Urine Cups Diapers	_	_	_	_	+	_	_	_
	Diapers	-	_	+	_	+	_	_	_
Bottom Shelf U	nder Sink	_	_	_	_	_	_	_	_
DOLLOIN SHEIL C	Bed pans & supplies	_		+		_	_	-	_
	Comfort Bath	-		_		_		_	-
	Additional Suction Supplies	_	_	_	_	_			
	Mast Trousers	_							
	mast troubers								
	Staff initials who checked the					$\overline{}$			
	inventory.								
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