

Installation : _____

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

MAINTENANCE AND VERIFICATION OF OXYGEN EQUIPMENT - HEALTHCARE AIDE LOG

Follow the respiratory therapist's
instructions for use and maintenance

Year : _____ Month : _____

(Change forms monthly)

Enter the date, time and initial the appropriate boxes below.								
Emergency cylinder(s)	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.
☐ Verify the autonomy of emergency cylinders (In anticipation of a storm; a planned power outage; during a power outage; after each use).								
☐ Order emergency cylinders when there is less than 12 hours of autonomy remaining.								

Initial the appropriate boxes below, according to the maintenance date.																	
	Jour Heure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Once a day :																	
☐ Wipe the tip of the nasal cannula or the mask with a damp cloth.	hh:mm																
☐ Change the water in the bubble humidifier (use distilled or demineralized water).	hh:mm																
☐ Empty the water trap.	hh:mm																
Twice a week, every : _____																	
☐ Verify the autonomy of portable cylinders.	hh:mm																
☐ Order/fill portable cylinders when there is less than 7 hours of autonomy remaining for all the cylinders.	hh:mm																
Once a week, every : _____																	
☐ Wipe the concentrator with a damp cloth and clean the filters.	hh:mm																
☐ Wash the bubble humidifier.	hh:mm																
☐ Wipe the cylinders, regulator or oxygen conserving device with a damp cloth.	hh:mm																
Every two weeks, every: _____																	
☐ Replace the nasal cannula or mask with a new one. (discard used accessories)	hh:mm																

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS

Enter the date, time and initial the appropriate boxes below.								
Emergency cylinder(s)	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.	DATE AND TIME yyyy-mm-dd hh:mm	INIT.
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☐ Order emergency cylinders when there is less than 12 hours of autonomy remaining.								

		Initial the appropriate boxes below, according to the maintenance date.															
		Jour	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Heure																	
Once a day :																	
☐ Wipe the tip of the nasal cannula or the mask with a damp cloth.	hh:mm																
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☐ Wash the bubble humidifier.	hh:mm																
☐ Wipe the cylinders, regulator or oxygen conserving device with a damp cloth.	hh:mm																
Every two weeks, every: _____																	
☐ Replace the nasal cannula or mask with a new one. (discard used accessory)	hh:mm																

Enter the date and initial the appropriate boxes below. Always copy the expected maintenance dates when changing forms			
Every 3 months, scheduled date: _____	DATE REPLACED yyyy-mm-dd	INITIALS	NEXT SCHEDULED DATE OF REPLACEMENT yyyy-mm-dd
☐ Replace the bubble humidifier. (discard used accessory)			
☐ Replace the water trap. (discard used accessory)			
Every 6 months, scheduled date: _____	DATE REPLACED yyyy-mm-dd	INITIALS	NEXT SCHEDULED DATE OF REPLACEMENT yyyy-mm-dd
☐ Replace the tubing (extension). (replace sooner if cracked and discard used accessory)			

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS