



Date: _____

Campus: _____

Required Books in Clinic:	Merck Manual	Date Published _____
	Nursing Drug Handbook	Date Published _____
	PDR-Non-Prescription	Date Published _____
	Taber's	Date Published _____
	First Aid Manual	Date Published _____

Audiometer: Type: _____ Style: _____ Serial #: _____

Blood Pressure Apparatus: *Quantity:*

Child _____	w/Stethoscope: _____	Yes _____	No _____
Adult _____	w/Stethoscope: _____	Yes _____	No _____
Lg. Adult _____	w/Stethoscope: _____	Yes _____	No _____

Cot: Type: _____ Quantity: _____ Condition: _____

Emergency Kits: *Quantity:* Travel Bag _____ Emergency Box _____ Disaster Box _____
Ambu Bag: Yes No **Soft-sided CPR Mask:** Yes No **Flashlights** Yes No

File Cabinets: *Quantity:* 2 drawer _____ 4 drawer _____ Lateral _____

Otoscope: Quantity: _____ Otoscope Battery Date: _____

Scales: Type: _____ Condition: _____

Threefold Screen: Quantity: _____ Condition: _____

<u>Other Special Items</u>	<u>Quantity</u>	<u>Condition</u>
Blankets	_____	_____
Crutches -- Child	_____	_____
Crutches -- Adult	_____	_____
Computer	_____	_____
Glucometer	_____	_____
Ice Chests	_____	_____
Portable Nebulizer	_____	_____
Pillows	_____	_____
Refrigerator	_____	_____
Stretchers	_____	_____
Wheelchair	_____	_____
Welch Allyn Thermometer	_____	_____
Other Thermometers	_____	_____
Visual Activity Cards	_____	_____
(Type) (Number)		

Special needs you would like considered for next year (please indicate any requests for location changes, items you would like in your clinic, etc.): _____
