INFANT DIVERSITY CPR KIT 1

FULL DESCRIPTION: PRESTAN PROFESSIONAL INFANT DIVERSITY KIT WITH CPR RATE MONITOR BIN #: 11

ORG/DEPT USING EQUIPMENT: _____

CHECK OUT DATE: ____/____/____ CHECK IN DATE: ____/____/____

ITEM #	DESCRIPTION	QUANTITY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Manikins, Infant	4	2 light, 2 dark	_____ | _____	_____ | _____
2	Lung bags, Infant	1	Bag of 50	_____ | _____	_____ | _____
3	Carrying case	1	Blue	_____ | _____	_____ | _____

BORROWER SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

RETURNER SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

Please make sure both the borrowing and receiving parties go through the equipment and initial each item upon borrowing and returning. Please do not remove forms from the binder. Thank you!