CHEST DRAIN TRAINER

FULL DESCRIPTION: ANATOMY LAB CHEST DRAIN AND NEEDLE DECOMPRESSION TRAINER BIN #: 8

ORG/DEPT USING EQUIPMENT: _____

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

ITEM	DESCRIPTION	QTY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Torso	1	Male	_____ | _____	_____ | _____
2	Square skin patches	3		_____ | _____	_____ | _____
3	Circle skin patches	3		_____ | _____	_____ | _____
4	Enteral feeding set with bag	1		_____ | _____	_____ | _____
5	Round white plugs	5		_____ | _____	_____ | _____
6				_____ | _____	_____ | _____
7				_____ | _____	_____ | _____
8				_____ | _____	_____ | _____
9				_____ | _____	_____ | _____

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!