SUSIE OB SIMULATOR

FULL DESCRIPTION: GAUMARD OB SUSIE CHILDBIRTH TRAINER BIN #: 7

ORG/DEPT USING EQUIPMENT: _____

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

ITEM #	DESCRIPTION	QUANTITY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Advanced Obstetric SUSIE	1		_____ | _____	_____ | _____
2	Abdominal Cover	1	Medium	_____ | _____	_____ | _____
3	Abdominal Cover Assembly	1	Clear	_____ | _____	_____ | _____
4	Female Postpartum Baby Assembly	1	Medium	_____ | _____	_____ | _____
5	Male Postpartum Baby Assembly	1	Medium	_____ | _____	_____ | _____
6	Fetal Baby for Leopold Maneuvers	1	Medium	_____ | _____	_____ | _____
7	Elevating Pillow for Leopold Maneuvers	1	Lower Cushion, Medium	_____ | _____	_____ | _____
8	Placenta	2		_____ | _____	_____ | _____
9	Lo-Fi Umbilical Cord	6	2 Installed	_____ | _____	_____ | _____
10	Umbilical Clamp	2		_____ | _____	_____ | _____
11	Baby Powder	1		_____ | _____	_____ | _____
12	Blood Stand Kit	1		_____ | _____	_____ | _____
13	Noelle Dilating Cervix Assembly	3		_____ | _____	_____ | _____
14	Vulval Insert Assembly	3	Medium, 1 Installed	_____ | _____	_____ | _____
15	Vacuum Delivery Face Skin	1	Medium	_____ | _____	_____ | _____
16	Obstetric SUSIE Birthing Simulator	1		_____ | _____	_____ | _____
17	Carrying Bag	1		_____ | _____	_____ | _____

(INVENTORY CONTINUED ON BACK)

N/A	Accessories Box #1	1		_____ | _____	_____ | _____
18	Blue Small Carrying Bag	1		_____ | _____	_____ | _____
19	Pinard Stethoscope	1		_____ | _____	_____ | _____
20	Stethoscope, Dual-Head	1	Non-Chill Scope	_____ | _____	_____ | _____
21	Blue Medical Grade Nasal Aspirator	1		_____ | _____	_____ | _____
22	18 FR Urethral Catheters	1	100% Latex Free, Red	_____ | _____	_____ | _____
23	Powder-Free Vinyl Examine Gloves	1	Natural 03, Medium	_____ | _____	_____ | _____
24	Battery, ALAA-8J	1	Alkaline AA	_____ | _____	_____ | _____
25	Bladder Filling Kit	1		_____ | _____	_____ | _____
26	Silicone Oil Kit	1		_____ | _____	_____ | _____
27	Artificial Urine Concentrate	1		_____ | _____	_____ | _____
28	Simulated Blood Concentrate	1		_____ | _____	_____ | _____
29	Disposable Funnel	1		_____ | _____	_____ | _____
N/A	Accessories Box #2	1		_____ | _____	_____ | _____
30	Hospital Gown	1		_____ | _____	_____ | _____
31	48 Hour Postpartum Uterine	1		_____ | _____	_____ | _____

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!