

ADULT DIVERSITY CPR KIT 1

FULL DESCRIPTION: PRESTAN PROFESSIONAL ADULT DIVERSITY KIT
WITH CPR RATE MONITOR

BIN #: 9

ORG/DEPT USING EQUIPMENT: _____

CHECK OUT DATE: ____/____/____

CHECK IN DATE: ____/____/____

ITEM #	DESCRIPTION	QUANTITY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Manikin heads, adult	4	2 light, 2 dark	____ ____	____ ____
2	Manikin torsos, adult	4	2 light, 2 dark	____ ____	____ ____
3	Lung bags, adult	1	50 ct bag	____ ____	____ ____
4	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!