NEWBORN SIMULATOR

FULL DESCRIPTION: PEDI BLUE NEWBORN PATIENT SIMULATOR WITH SMARTSKIN AND OMNI 2 WITH IO ATTACHMENT BIN #: 4

ORG/DEPT USING EQUIPMENT: _____

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

ITEM #	DESCRIPTION	QUANTITY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	PEDI Blue Neonatal with Newborn HAL Body	1	21" X 4" X 6"	_____ | _____	_____ | _____
2	Mineral Oil Bottle	1	4 oz	_____ | _____	_____ | _____
3	Disposable Syringe	3	50cc	_____ | _____	_____ | _____
4	Simulated Blood Concentrate	1		_____ | _____	_____ | _____
5	Newborn Diaper	1		_____ | _____	_____ | _____
6	Carrying Bag	1		_____ | _____	_____ | _____
7	PEDI Blue Newborn User Guide	1		_____ | _____	_____ | _____
8	PEDI Blue Quick Start Guide	1		_____ | _____	_____ | _____
9	Power Supply	1		_____ | _____	_____ | _____
10	Tablet with OMNI 2 Software	1		_____ | _____	_____ | _____
11	Protective Case	1		_____ | _____	_____ | _____
12	OMNI 2 User Guide	1		_____ | _____	_____ | _____
13	OMNI 2 Quick Start Guide	1		_____ | _____	_____ | _____
14	Cable, USB, C Male to A Male, Braided, Black	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!