FIVE-YEAR-OLD SIMULATOR

FULL DESCRIPTION: FIVE YEAR OLD MULTIPURPOSE PATIENT SIMULATOR WITH OMNI 2 BIN #: 6

ORG/DEPT USING EQUIPMENT: _____

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

ITEM #	DESCRIPTION	QUANTITY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Five-Year Multipurpose Patient OMNI 2 Ready	1		_____ | _____	_____ | _____
2	Ostomy Set	1	Set of 3	_____ | _____	_____ | _____
3	Tibia Bone Assembly	8	1 Installed	_____ | _____	_____ | _____
4	5YO Right Lower IV Arm Skin	1	Medium	_____ | _____	_____ | _____
5	5YO Hi-Fi, Bone Cover	1	Medium	_____ | _____	_____ | _____
6	Blood Stand	1		_____ | _____	_____ | _____
7	Blood Bag Pressurizing Assembly	1		_____ | _____	_____ | _____
8	Disposable Syringe	1	50 cc	_____ | _____	_____ | _____
9	Rubber Stoppers	5		_____ | _____	_____ | _____
10	Mineral Oil	1		_____ | _____	_____ | _____
11	Simulated Blood Concentrate	1		_____ | _____	_____ | _____
12	Disposable Funnel	1		_____ | _____	_____ | _____
12	5YO Male Genitalia Assembly	1	Medium	_____ | _____	_____ | _____
14	Neck Brace	1	Small	_____ | _____	_____ | _____
15	Trachea Tape	1		_____ | _____	_____ | _____
16	Mike and Michelle User Guide	1		_____ | _____	_____ | _____
17	Carrying Bag	1		_____ | _____	_____ | _____

(INVENTORY CONTINUED ON BACK)

18	Power Supply	1		_____ | _____	_____ | _____
19	Tablet with OMNI 2 Software	1		_____ | _____	_____ | _____
20	Protective Case	1		_____ | _____	_____ | _____
21	OMNI 2 User Guide	1		_____ | _____	_____ | _____
22	OMNI 2 Quick Start Guide	1		_____ | _____	_____ | _____
23	Cable, USB, C Male to A Male	1	Braided, Black, 10'L	_____ | _____	_____ | _____

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!