

BEARTOOTH BILLINGS CLINIC

DAILY MAINTENANCE CHECKLIST

1. Check and change main computer backup tape. _____
2. Domestic hot water temperature.. _____
3. Boiler operation: _____ Codes _____
4. Heat exchangers operation: _____ Codes _____
5. Humidifier operation: _____ Humidity reading in OR: _____
6. Air Handler Unit 1 operation: ____ Primary Gauge IWC: ____ Secondary Gauge IWC: ____
7. Air Handler Unit 2 operation: ____ Primary Gauge IWC: ____ Secondary Gauge IWC ____
8. Water well pump hour readings: Pump 1 _____ Pump 2 _____ Pump 3 _____
9. Acute care doors, walls, floors, all areas of room. _____
10. Acute care bed locations, beds locked and call system working. _____
11. Acute care room temperature. _____
12. Acute care doors close and latch properly: _____
13. All corridors are clear within 30 minutes. _____
14. Electrical panels cleared and latched, latches functional. _____
15. Compressed gases stored properly. _____
16. All fire escape doors cleared. _____
17. Sprinkler system pressure. _____
18. Exit signage illuminated. _____
19. Medical gases room log book filled out. _____
20. Check decontamination and exterior storage room temps. _____

Signature _____ Date _____

BEARTOOTH BILLINGS CLINIC RED LODGE HUMIDITY LEVEL LOG

MONTH _____

DATE	ACUTE CARE HUMIDITY LEVEL	ACUTE CARE ROOM TEMP	OPERATING ROOM HUMIDITY LEVEL	OPERATING ROOM TEMP	AIR HANDLER TWO HUMIDITY	DISCHARGE AIR TEMP	OUTDOOR AIR TEMPERATURE	TIME	NOTES

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DAILY MEDICAL GASES REPORT

OXYGEN

Left Bank PSI _____ IN USE READY Right Bank PSI _____ IN USE READY

Line Pressure _____ Feed Pressure _____ (line and feed must be equal)

GAUGE READINGS ON TANK #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

Backup K Bottle Pressure _____ PSI

Backup K Line Pressure _____ PSI

CHECK FOR LEAKS MONTHLY AND AT BOTTLE CHANGE!

NITROUS OXIDE

Left Bank _____ PSI In use Ready

Right Bank _____ PSI In use Ready

Line Pressure _____ PSI

NITROGEN

Left Bank _____ PSI In use Ready

Right Bank _____ PSI In Use Ready

Line Pressure _____ PSI

VACUUM PUMPS

Pump 1 hours _____ Pump 2 Hours _____ Gauge Reading _____ Lamp Test _____

Air filter nuts tight. _____ Room Temperature. _____

MISCELLANEOUS

Area clean _____ All bottles Chained _____

Doors closed _____ Signature _____ Date _____

WEEKLY EMERGENCY GENERATOR LOG

Date _____ Hour meter at test start _____

Operator _____ Time _____ AM / PM

Supervisor Approval _____

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Check engine oil level _____

Check water /antifreeze level _____

Check water in batteries _____

Check fuel level Inches in tank _____ gallons _____

MANUAL START OF GENERATOR

Generator startup time _____ (Less than 10 seconds desired)

Oil pressure _____

Water temperature _____

Voltage _____

Amperage _____

Cycles _____

Check for leaks _____

Area clean _____

Weather conditions and temperature _____ temp _____

Hour meter at end of test _____

Time at end of test _____ AM _____ PM _____

Which transfer switch uses to perform test. _____

TURN ON THE MAMOGRAPH MACHINE _____