

Suction Unit Monthly Checklist

Month/Year _____

Service _____

Vehicle # _____

Instructions:

- 1 Each vehicles suction unit(s) must be checked no less than twice monthly.
- 2 **Document results of first test** - prior to battery replacement or repair
- 3 Attach the vacuum guage to the end of the suction tubing. Turn unit on.
- 4 **To pass, each unit must attain 300 mg Hg within 4 seconds**
- 5 Document date of inspection, unit type, type of failure
- 6 Document what was repaired and if it was successful
- 7 Enter an X to choose an anser (passed yes = X in that field)

Suction Unit Manufacturer and model number		Portable				_____

	Date		Passed	Failed	Signed	
Week 1		Portable				
Week 2		Portable				
Week 3		Portable				
Week 4		Portable				
Deficiency:		Week # 1	2	3	4	If Battery problem, list:
Low Battery Assembled wrong Kinked Hose Bad Gasket (Explain) _____						Type Manufacturer Serial # Purchased Date
						Repaired
						Explain:

Suction Unit Manufacturer and model number		Ambulance Fixed				_____

	Date		Passed	Failed	Signed	
Week 1		Fixed				
Week 2		Fixed				
Week 3		Fixed				
Week 4		Fixed				
Deficiency:		Week # 1	2	3	4	Repaired
Assembled wrong Kinked Hose Bad Gasket Cracked Canister Other (Explain) _____						Explain how repaired:

Comment:

Each suction unit must be checked at least 2x per month minimum.