**Annual Inspection of Medical Oxygen Cylinder**

Date:

Vessel:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Type of Gas Cyl. | | Serial Number | Last Hydro Test Date | Capacity (ltr) | Test Pressure (Bar) |
| 01 |  | |  |  |  |  |
| 02 |  | |  |  |  |  |
| 03 |  | |  |  |  |  |
| 04 |  | |  |  |  |  |
| 05 |  | |  |  |  |  |
| 06 |  | |  |  |  |  |
| 07 |  | |  |  |  |  |
| 08 |  | |  |  |  |  |
|  | | Total: | | | | |

|  |
| --- |
| ***Technical Description of Medical Resuscitator*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Type | Maker | Serial Number | Air Capacity (Ltr) |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Inspection / Test | Carried Out | Not Carried Out | Not Applicable | Commt. |
| 1. Set visual inspected |  |  |  |  |
| 2. Set cleaned |  |  |  |  |
| 3. Flowmeter setting / flow tested |  |  |  |  |
| 4. Therapy outlet flow tested |  |  |  |  |
| 5. Aspirator suction tested |  |  |  |  |
| 6. Set leak tested |  |  |  |  |
| 7. Ventilation bags checked |  |  |  |  |
| 8. Cylinder inspected according to M1 |  |  |  |  |
| 9. Cylinder hydrostatic pressure tested according to M1 |  |  |  |  |

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| Notes / Remarks: |

Chief Officer: Master:

Vessel Stamp: