

LIFELINE Work Report and Customer Checklist

Account number 2749045
 Account name GALCO'S KISURC (TR)
 Address 99 TITCHFIELD ST
KILMARNOCK
 Postcode KA1 1QY
 Telephone number 01563 557055
 Contact name _____
 Email address _____

9 MAY 2016

T Q number _____

	LIFELINE	Reserve
Annual service	✓	
Refill		
Initial supply		
Return		

Customer P/O number _____

Additional Equipment Supplied

Equipment description & product code	QTY	Equipment description & product code	QTY
Facemask (888848)		Paediatric non re-breathing mask (19309118)	
T (888837)		Bag valve mask adult (33051)	
Adult non re-breathing mask (33050)		Bag valve mask paediatric (34480)	

Cylinder Details

Batch number	8654780	8359233		
Expiry Date	12-05-19	09-02-19		
Barcode - 2110194	8929916	9261123		
Cylinder exchanged (Y/N)	Y	N		

Gauge/Label/Leak/Flow/Condition
 Please tick boxes to confirm all checked

Comments 5016053

Name	Act'd	Pass To	Date
Gen Man	✓		19/05
Dep Gen Man			
Ops Man	✓	✓	19/5
D Man			
D Man			
D Man			
D Man			
Admin			
Maint			
Rep			
Recd			

Delivery note number _____



LF6073

Safety Checklist (New Installations only)

General Information

- Ensure appropriate persons are present whilst instructions are given
- Ensure customer is aware that 'resuscitation training' is required for use of resuscitation equipment
- Demonstrate components of the kit
- Demonstrate operation of the cylinder
- Advise that the cylinder is on loan and always remains the property of BOC Healthcare

Safety Information and Precautions

- Explain that oxygen is non-flammable but greatly accelerates combustion
- Explain fire hazard of ignition sources i.e. smoking and naked flames
- Explain the hazards of any form of oil and grease, including face creams
- Explain the safe storage of cylinder and equipment
- Explain the need for ventilation to prevent oxygen accumulation
- Advise customers of emergency contact telephone numbers

I acknowledge that the work detailed above was carried out to my satisfaction and that a copy of this form has been provided to me as proof of delivery
 I acknowledge that I have received the equipment detailed above
 I understand the demonstration of the kit components and how to operate the cylinder (New Installations only)
 I understand the safety checklist information above detailing general information, safety information and precautions (New Installations only)
 I acknowledge receipt of an oxygen Medical Gas Data Sheet and CD cylinder operating instructions (New Installations only)
 I acknowledge that the equipment has been collected by a BOC Healthcare representative (Returns only)

Signed (customer) [Signature]
 Name (print) C. PHILLIPS Date _____

Branch number 1015
 Signed (BOC Healthcare) [Signature]
 Name (print) F. HAUSTON Date 19/5/16