

**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES**  
Equipment Test Results

**Service Name:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

**Inspector Name:** \_\_\_\_\_

**Unit Number:** \_\_\_\_\_

**I. RESPIRATORY EQUIPMENT TEST RESULTS**

A. Aspirators (Reservoir must be connected)	Built-in	Portable	Spare
Quick Test:			
1. Flow rate = or > 30 L/min	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Vacuum = or > -300 mm Hg within 4 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Maximum vacuum = or > -400 mg Hg?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Aspirator tubing collapses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Oxygen Flow meters	Built-in	Portable	Spare
Quick Test:			
1. Dial-type "clicks" into position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Flow rate within 1.0 L/min when < or = 10 L/min?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Flow rate within 1.5 L/min when = or > 11 L/min	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_