MEDICAL, EQUIPMENT CHECKLIST

LEARNING OBJECTIVES	INSTRUCTIONS TO P/C/C	RETURN DEMO
1. Customer instructed on operation of equipment.		
2. Instructed to place equipment on solid base and away from anything that would obstruct proper operation of equipment.		
3. Customer instructed on safety instructions, adjustments, and precautions. 1. _____ 2. _____ 3. _____ 4. _____		
4. Customer instructed in proper cleaning and upkeep of equipment.		
5. Customer instructed on 24 hour service availability. Brochure given to customer.		
6. Customer informed of billing procedure.		
7. Customer informed of follow-up procedure applicable to equipment and its use.		

I certify that I have read and agree to all the items in this checklist. The sole liability of Home Medical for rented equipment which becomes unsafe or in need of repair is to replace the equipment with comparable equipment. The sole liability of Home Medical for purchased equipment is to honor the terms of the manufacturer's warranty.

X _____

CUSTOMER/AUTHORIZED REPRESENTATIVE/RELATIONSHIP

_____

MONTH/DAY/YEAR