**Sim Mom Equipment Checklist**

Please complete this equipment checklist no more than 24 hours prior to the use of equipment in the DNAMER Simulation Room/s. A DNAMER representative will complete the post session checklist.

If a fault/malfunction is identified please complete the DNAMER Equipment Fault/Malfunction Form.

It is the responsibility of the session organisers to bring equipment not available in the demonstration room. The demonstration room has a limited number of consumables, it is the responsibility of the session organisers to replace any consumables used. Stock lists are available to assist with restocking.

Please note: Alternative arrangements may need to be arranged if the fault cannot be rectified in time for the booked activity.

**Ensure you are familiar with the operating instructions of the simulation equipment.**

Return completed form to the DNAMER Secretary.

|  |  |
| --- | --- |
| **Name:** |  |
| **Details of alternative contact:** |  |
| **Department:** |  |
| **Contact phone:** |  |
| **Email address:** |  |
|  |  |
| **Title of activity:** |  |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment | Pre – check🗸 | Post – check🗸 | Additional comments | N/A🗸 |
| **Walkie talkies: 2x headsets, 2 charging stands - functioning**Charging = solid red lightCharged = green light |  |  |  |  |
| **SimMom** |  |
| **Compressor**  |  |  |  |  |
| **Vital sim** (Sim Mom coughs to identify functionality) |  |  |  |  |
| **Control pad** - functions(computer desk) |  |  |  |  |
| **SimViewer desktop**  |  |  |  |  |
| **SimViewer software loads, cameras available** |  |  |  |  |
| **SimMom laptop on** |  |  |  |  |
| **Laerdal software loads** |  |  |  |  |
| **Video server conected** |  |  |  |  |
| **Connected to software** (green icon) |  |  |  |  |
| **Mannequin speaks using headset** |  |  |  |  |
| **Voice functions**  |  |  |  |  |
| **Eclampsia setting**  |  |  |  |  |
| **ELO functioning** (touch enabled) |  |  |  |  |
| **FHR audible** |  |  |  |  |
| **Overall clean and intact** |  |  |  |  |

Pre-check signature: Date:

Post-check signature: Date: