

Van Closing Checklist

Date: _____

Staff Initials: _____

Lab

completed

- Medications put away/organized
- Medications inventoried for next shift and restock list prepared
- Paperwork in shred file or locked in secure location
- Lab logs double-checked and returned to clinic lab
- Verify all cabinets/fridge doors are shut/locked
- Counters wiped down with spray
- All lab specimens correctly labeled and paperwork completed
- Check O2 bottle
- Check AED (black X blinking in upper left hand corner)
- Adequate supply of saline, fixative, vinegar, KOH for next shift
- Verify there are no specimens left in the centrifuge/incubator

psi: _____

Coordinators

- Separate Stat Sheets and Health Histories
- Health History forms/other paperwork into "To Be Scanned" box in Clinic
- Shred documents in shred bin
- Check Millbrook and be sure all patients not seen are marked Walk Out
- Personal papers picked up and in appropriate place
- Log off your computer
- **ALL** patient materials, names, numbers, papers locked up or shredded

Exam Rooms

- Exam tables wiped down with spray or bleach wipes
- All supplies restocked or restocking list (back of form) prepared
- Sharps containers checked. If $\geq 2/3$ full change out
- Paper towels and soap adequately stocked
- Gowns, paper sheets, chucks stocked for next shift

Van

- All doors locked
- Cabinets secured
- Tank levels checked (report to Jaisen when close to full)
- Gas levels checked (report to Jaisen when low)
- Orange clean dropped in toilet
- Trash removed
- Biohazard removed

level: _____

level: _____

(Thursday only)

Note: _____

Please note: this form to be completed at the end of every day Outreach is conducted and returned to clinic manager

OUTSIDE IN MEDICAL OUTREACH

Mobile Medical Vehicle “Check Out/In”

Date: _____

Name: _____

Location of Outreach: _____

Supplies needed: None See below See attached page

Medication	Strength	Amount

Supplies	Amount/Number

Issues/Problems from last outreach:

Parking: Goose Hollow Outside of agency Other: _____

Please note: This form is to be completed after every outreach clinic