Have	Need	N/A	Ventilator - Item Check List
[]	[]	[]	Ventilator Prescription Document - backup
[]	[]	[]	Ventilator
[]	[]	[]	Ventilator instruction guide
[]	[]	[]	Ventilator 110 Volt power supply
[]	[]	[]	Ventilator 12 Volt power supply
[]	[]	[]	Ventilator Heated Humidifier
[]	[]	[]	Distilled Water - 1 gallon for travel in approved travel container
[]	[]	[]	Ventilator Patient Circuit - 4 each
[]	[]	[]	Ventilator Battery Pack Charger
[]	[]	[]	Ventilator Battery – 2 each
[]	[]	[]	Ventilator Face / Nasal Mask - 2 each
[]	[]	[]	Ventilator Backpack Case
[]	[]	[]	
[]	[]	[]	
[]	[]	[]	Your Name Labels - on your Equipment
[]	[]	[]	Power Extension Cords - 9 foot and or 15 foot

Do you use a Ventilator Breathing Machine ? Ventilator Check List)	If yes, complete the following: (also see
Comments:	
Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

Do you use an electric wheelchair or scooter ?If yes, complete the following: Do you have extra batteries? Does it have a Ventilator bracket ?		
Comments:		
Supplier Name	Your Account Number	
Normal Telephone Number	Emergency Telephone Number	

Do you rely on other battery powered equipment (hearing aids, alarms, phone alerts). If yes, do you have spare batteries for them? Can you get replacement batteries easily or do they have to be special ordered? If they must be special ordered, complete the following:		
Comments:		
Supplier Name	Your Account Number	
**		
Normal Telephone Number	Emergency Telephone Number	
•		

Do you use disposable or limited use items (i.e. Ventilator Patient Circuit)?		
If yes, do you have at least a four (4) -week supply?		
Do you have a spare face mask?		
How will you get more, if needed?		
Comments:		
Supplier Name	Your Account Number	
Normal Telephone Number	Emergency Telephone Number	

Do you use any other electrical equipment that is critical to your well-being?			
Do you have electrical extension cords? (i.e. 9 foot, 10 foot, 15 foot)			
What will happen if you lose power?			
Is there a manual or battery operated substitute that you can use?			
Comments:			
Come Bon Norma	XZ A 4 NI L		
Supplier Name	Your Account Number		
Normal Telephone Number	Emergency Telephone Number		

Have you contacted all your health providers and discussed your plans with them?

Do they have complete contact information for you (routine and emergency)?

Have you identified your out-of-the-area contact to them and provided contact information?

Do medical providers have plans to continue your care after a disaster? What are the plans?

If you need care in a hospital, make prior arrangements with your doctor. What hospital?

If you answered yes to some of the previous questions, you should consider registering with the **County Special Needs Program**. The service is free. Call your County Emergency Operations Center

Have you completed the Special Needs Application?

What is your Special Needs Shelter assignment?

You must have a care giver to be in a Special Needs Shelter. Who is your caregiver?

If you do not live with them, how will you contact them?

NOTES

VENTILATOR EQIUPMENT CHANGING

Equipment Change Out Time Frame	Ventilator - Item Check	
Update yearly if you Travel and/or Fly	Ventilator Prescription Document - backup	
Ve	ntilator	
Replace as needed for repair	Ventilator	
Replace as needed for repair	Ventilator 110 Volt power supply	
Replace as needed for repair	Ventilator 12 Volt power supply	
Replace as needed for repair	Ventilator Heated Humidifier	
Replace every week	Ventilator Patient Circuit	
Replace as needed	Heated Humidifier – Distilled Water	
Replace every month	Ventilator – Face Mask Cushion	
Replace every 6 months	Ventilator – Face Mask / Nasal Mask	
Oxygen Tanks		
Replace as needed if they are empty	Oxygen Tanks – How many? []	
Replace as needed for repair	Oxygen Manifold	
Replace as needed if broken or lost	Oxygen Wrench – plastic	
Replace every 2 weeks	Oxygen Nasal Cannula	
Replace every month	Oxygen Tubing 7 foot extension	
Replace every month	Oxygen Tubing 20 foot extension	
Replace every month	Oxygen Extension Connectors	