

**MEDICAL DEVICES & EQUIPMENT MANAGEMENT PROCEDURE – CLPG17
APPENDIX 5**

Medical Equipment Training Record

This Appendix or Verification of Competency Framework and Medical Devices (Safe Use) Booklet must be used to record Staff Training

Ward/Unit/Department

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Sister/Charge Nurse/Clinical Lead Signature

| Staff Name | Make | Model | Risk Level of the Equipment | Who is the Trainer | Frequency of Training | Date Completed |
|--------------------|----------------------|---------------|------------------------------------|------------------------------|------------------------------|-----------------------|
| <i>A N Example</i> | <i>Defibrillator</i> | <i>AED 20</i> | <i>High</i> | <i>Resuscitation Trainer</i> | <i>Annually</i> | <i>10/10/2014</i> |
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SAMPLE - DO NOT USE