**CBAC DAILY CHECK LIST**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TASK** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Comments** |
| **DATE** |  |  |  |  |  |  |  |  |
| **Check both Pharmacy and Filing Drug cupboards are open – keys in Managers Office (desk on right, left top drawer)**  **Lock up at end of last shift** |  |  |  |  |  |  |  |  |
| **Check O2 cylinders –3 in use and 3 spares** |  |  |  |  |  |  |  |  |
| **Check IV and Emergency kits on trolley – restock as required** |  |  |  |  |  |  |  |  |
| **Restock Medication drawers (stock in Pharmacy)** |  |  |  |  |  |  |  |  |
| **Check patient information leaflets – to reorder contact details are on side of cabinet** |  |  |  |  |  |  |  |  |
| **Check all equipment is working and recharge/change batteries prn – any equipment not working please leave on Managers desk** |  |  |  |  |  |  |  |  |
| **Check all consulting rooms – glove selection, alcohol based hand rub, steriwipes, tongue depressors, box tissues, vomit bowls**  **desk baskets to have the following items –**   * **“Managing in the home” handouts, medicates certificates x2,** * **CBAC scripts,** |  |  |  |  |  |  |  |  |
| **Try to avoid clutter- in exam rooms – 3 chairs per room** |  |  |  |  |  |  |  |  |
| **Ordering of supplies – please list any items on whiteboard outside Managers Office** |  |  |  |  |  |  |  |  |