



Practice Equipment Audit Form

<u>Description</u>	<u>Make</u>	<u>Model</u>	<u>Serial no</u>	<u>Date of Last Inspection</u>	<u>Age & Replace Date</u>	<u>Condition (0-10) Bad - Good</u>	<u>Date of Last PAT</u>	<u>Unit Service?d Yes/No By Whom</u>
Compressor(s)	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
OPG								
Central X-Ray								
Central Suction								
Water distiller								
Portable suction								
Electrical Periodic Testing								