

BATCH RECORD FOR MEDICAL LIQUID OXYGEN (HOME UNITS FILLED CURBSIDE)

INCOMING OXYGEN IS TESTED BY THE SUPPLIER AND THE FIRM WITNESSED THE TESTING & RECEIVED A COA

DATE OF FILL:

SUPPLIERS LOT NUMBER(S):

- VEHICLE MOUNTED VESSEL #1:
- VEHICLE MOUNTED VESSEL #2:

PATIENT'S NAME	VESSEL ID#	EXTERNAL VESSEL CHECK ✓	INLET/OULET CONNECTION CHECK ✓	VOLUME/ CONTENTS GAUGE CHECK ✓	LABEL ✓	VESSEL # (IF VAN CONTAINS TWO MOUNTED VESSELS)	QUANTITY (pounds filled)	FILLERS INTIALS

LABELS USED: _____

LABELS DESTROYED: _____

LABELS RETURNED: _____

DATE REVIEWED: _____

QUALITY CONTROL REVIEW: _____