MEDICAL EQUIPMENT INSPECTION CHECKLIST

(Patient Care Equipment — Monthly)

Patient Care Equipment

Date .....

TASK	STATUS
Hospital beds: Test all position controls (head, foot, height, Trendelenburg). Confirm all movements respond and lock properly.	
Hospital beds: Check side rails for secure locking in both up and down positions. Inspect for entrapment gaps between the mattress, rails, and bed frame.	
Hospital beds: Test brake locks on all casters. Bed must not roll when brakes are engaged.	
Hospital beds: Inspect the power cord and hand control for fraying, cracks, or exposed wiring. Replace damaged cords immediately.	
Patient lifts: Inspect slings for tears, fraying, worn stitching, or damaged attachment points. Do not use a damaged sling.	
Patient lifts: Test the lift and lower functions through a full range of motion without a patient load. Listen for unusual sounds.	
Patient lifts: Check the battery charge level. Charge or replace the battery per manufacturer schedule.	
Wheelchairs: Inspect tires for proper inflation and tread wear. Check wheel bearings for smooth rotation.	
Wheelchairs: Test wheel locks/brakes on both sides. The chair must not move when brakes are set.	
Wheelchairs: Inspect footrests, armrests, and upholstery for damage, loose bolts, or sharp edges.	
Stretchers/gurneys: Check all locking positions, side rails, and caster brakes. Verify the mattress is clean and in good condition.	
Additional Task:	

Instructions:

Inspect monthly at minimum. Hospital bed entrapment is a known safety risk — the FDA has documented hundreds of entrapment incidents including deaths. Check for gaps between the mattress, side rails, and bed frame every time. Report any gap large enough to trap a patient's head, neck, or chest immediately. Wheelchairs and lifts should also be checked before each use by the caregiver.

MEDICAL EQUIPMENT INSPECTION CHECKLIST

(Vital Signs & Monitoring Equipment — Monthly)

Vital Signs & Monitoring Equipment

Date .....

TASK	STATUS
Blood pressure monitors (manual and automatic): Verify cuff condition — no cracks, tears, or leaks in the bladder. Check tubing for kinks.	
Blood pressure monitors: Test accuracy by comparing a reading against a known-accurate reference device. Flag units with >4 mmHg variance.	
Pulse oximeters: Verify sensor clips are clean and intact. Test on a known-healthy subject to confirm reasonable SpO2 reading.	
Thermometers (digital, tympanic, temporal): Check battery level. Verify accuracy using a calibration check per manufacturer instructions.	
Glucometers: Run a control solution test to verify accuracy. Check test strip expiration dates. Discard expired strips.	
Stethoscopes: Inspect tubing for cracks or stiffness. Check earpiece fit and diaphragm/bell condition.	
Scales (standing and wheelchair): Verify zero calibration. Test with a known weight to confirm accuracy. Level the scale if needed.	
Patient monitors (multi-parameter): Test alarm functions for heart rate, SpO2, and blood pressure. Confirm audible and visual alarms trigger correctly.	
Additional Task:	

Instructions:

Accuracy matters. An inaccurate blood pressure cuff, thermometer, or glucometer can lead to missed diagnoses or incorrect treatment decisions. Calibrate or verify accuracy monthly, or more often in high-use facilities. Always use manufacturer-approved control solutions for glucometer testing. Discard expired test strips immediately.

MEDICAL EQUIPMENT INSPECTION CHECKLIST

(Respiratory & Oxygen Equipment — Weekly/Monthly)

Respiratory & Oxygen Equipment

Date .....

TASK	STATUS
Oxygen concentrators: Check the air intake filter. Clean or replace per manufacturer schedule (typically every 2–4 weeks for washable filters).	
Oxygen concentrators: Verify oxygen output with a calibrated oxygen analyzer. Output must be ≥90% at the prescribed flow rate.	
Oxygen concentrators: Inspect tubing, connectors, and humidifier bottle for cracks, leaks, or contamination.	
Oxygen concentrators: Listen for unusual compressor noise, rattling, or vibration that may indicate internal wear.	
Portable oxygen cylinders: Check tank pressure. Replace or refill cylinders before they reach the minimum level indicated on the gauge.	
Portable oxygen cylinders: Inspect the regulator, flow meter, and valve for proper operation. Check for leaks at connections.	
Suction equipment: Test suction pressure. Verify it reaches the required vacuum level per manufacturer specs.	
Suction equipment: Inspect tubing, canisters, and filters. Replace disposable components per schedule.	
Nebulizers: Inspect the compressor, tubing, and mask/mouthpiece. Check air filter. Clean reusable parts per manufacturer instructions.	
CPAP/BiPAP machines (if applicable): Inspect the mask, headgear, tubing, and humidifier chamber for wear. Check the filter.	
Additional Task:	

Instructions:

Oxygen concentrators must deliver ≥90% oxygen purity at the prescribed flow rate. Output below this level means the sieve beds are degrading and the unit needs professional service. Filter cleaning is typically weekly for washable filters — check your manufacturer's manual. Oxygen cylinders must be stored upright, secured to prevent falling, and away from heat sources.

MEDICAL EQUIPMENT INSPECTION CHECKLIST

(Exam & Treatment Room Equipment — Monthly)

Exam & Treatment Room Equipment

Date .....

TASK	STATUS
Exam tables: Test all height adjustment and positioning controls. Confirm the table locks securely in each position.	
Exam tables: Inspect the upholstery for cracks, tears, or stains that cannot be disinfected. Replace damaged surfaces to maintain infection control.	
Exam tables: Check the step stool for stability and non-slip surface condition.	
Exam lights: Test all bulbs and LED panels. Verify full brightness and adjustable positioning. Replace burned-out or dimming bulbs.	
Otoscopes and ophthalmoscopes: Test bulb brightness. Check battery level. Inspect specula for damage.	
Autoclaves/sterilizers: Run a biological indicator (spore test) per your facility's schedule (weekly is standard). Log results.	
Autoclaves/sterilizers: Check door gaskets for wear or damage. Inspect the chamber for corrosion or mineral buildup.	
AED (Automated External Defibrillator): Verify the unit shows a "ready" indicator. Check pad expiration date and battery status.	
AED: Confirm the AED is in its designated, accessible location with clear signage.	
Refrigerators (medication/vaccine storage): Check and record temperature. Must be 2–8°C (36–46°F) per CDC vaccine storage guidelines. Investigate any out-of-range readings immediately.	
Additional Task:	

Instructions:

Autoclave spore tests are the only way to verify that sterilization is actually killing pathogens. Weekly biological indicator testing is standard practice. If a spore test fails, quarantine all items processed since the last passing test and re-sterilize. Medication refrigerators must be monitored per CDC guidelines — temperature excursions can compromise vaccines and temperature-sensitive medications.

MEDICAL EQUIPMENT INSPECTION CHECKLIST

(Quarterly / Semi-Annual Professional Service)

Quarterly / Semi-Annual Service

from ..... to .....

TASK	1ST	2ND	3RD	4TH
Schedule a qualified biomedical technician for a full inspection and preventive maintenance service of all clinical equipment.				
Hospital beds and patient lifts: Full mechanical inspection including motor, actuator, hydraulic system, and electrical connections.				
Wheelchairs and mobility equipment: Tighten all hardware. Lubricate wheel bearings and folding mechanisms. Replace worn tires or brake pads.				
Vital signs monitors: Calibration verification and electrical safety testing per manufacturer protocol.				
Oxygen concentrators: Professional service including internal cleaning, sieve bed evaluation, and compressor inspection.				
Exam tables: Inspect the hydraulic or electric lift mechanism for leaks, wear, or slow response.				
Autoclaves/sterilizers: Professional calibration of temperature and pressure gauges. Door gasket replacement if worn.				
Defibrillators (AED and manual): Full functional test per manufacturer guidelines. Battery capacity test and pad replacement if nearing expiration.				
All equipment: Verify that asset inventory records, serial numbers, and service history are current and complete.				
All equipment: Check manufacturer recall databases for any active recalls affecting your equipment.				
Additional Task:				

Instructions:

Professional preventive maintenance should be performed by qualified biomedical technicians or manufacturer-authorized service providers. CMS and Joint Commission both require documented evidence that equipment is inspected and maintained on a defined schedule. Always check the FDA's medical device recall database (fda.gov/recalls) during each service cycle.

MEDICAL EQUIPMENT INSPECTION CHECKLIST

Documentation and Compliance

Date .....

TASK	STATUS
Maintain a complete equipment inventory: device type, manufacturer, model, serial number, location, and acquisition date for every piece of clinical equipment.	
Log every inspection with date, equipment ID, technician name, findings, and any corrective actions taken.	
File all professional service and calibration reports. Link each report to the specific device by serial number or asset tag.	
Track manufacturer-recommended PM schedules for each device. Flag any overdue inspections.	
Document all equipment incidents, malfunctions, or patient safety events. Report as required by your facility's incident reporting policy.	
Record staff training on equipment operation and safety. Maintain training records with dates, topics, trainer name, and signatures.	
Keep all maintenance records organized and accessible for state health department surveys, Joint Commission inspections, or CMS audits.	
Review and update the equipment inventory at least annually or whenever new equipment is acquired or retired.	
Additional Task:	

Instructions:

CMS Conditions of Participation and Joint Commission EC.02.04.01 require a documented equipment management program with a complete inventory, defined maintenance schedules, and recorded inspection results. Missing documentation is treated the same as missing maintenance during surveys — even if the work was actually done, you can't prove it without records.