

### Monthly Oxygen/Nitrous Oxide Cylinder Inspection Checklist

Department \_\_\_\_\_

Month/Year \_\_\_\_\_

Date	Storage in clinic indicates location of O <sub>2</sub> /N <sub>2</sub> O <sub>2</sub> contents	O <sub>2</sub> /N <sub>2</sub> O <sub>2</sub> Cylinders are clearly marked identifying contents	O <sub>2</sub> Cylinder is full and ready for use with a PSI > 500 psi	Cylinders stored in a manner to prevent hazard by tipping, falling or rolling	Cylinders stored in well ventilated area	Cylinders secured upright	Cylinders are 20 feet away from combustible, flammable, or incompatible substances	While turned on inspect for leaks around valves and/or hoses if applicable	Empty tanks are clearly marked and stored in separate areas	Nitrous Tanks hoses and valves inspected for leaks	Nitrous tanks stored in secure location per SOD Policy	Nitrous scavenging unit inspected for leaks or credits	Nitrous tank contents greater than 500 psi	Portable O <sub>2</sub> Emergency Bag: Indicate Qty located in clinic: _____	Emergency O <sub>2</sub> Tank Inspected and Full	Nasal Camula packaged and undamaged	Non-Rebreather mask available	Bag Valve Mask in tact and operable	Staff Members initials	Notes
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