

## Daily Chamber Checklist (Perry-Pneumatic)

Use a separate checklist for each chamber. Put a check on each line as completed unless otherwise indicated to enter a value or mark N/A if not applicable.

Week Of (MM/DD/YYYY) :	MON	TUE	WED	THU	FRI
<b>Initials of person completing checklist</b>					
<b>Chamber Serial # _____</b>					
Oxygen supply pressure reading at alarm panel (50-90 psi) <b>Enter value</b> →					
Oxygen supply pressure reading at chamber console (50-90 psi) <b>Enter value</b> →					
Air tank level checked (change below 500 psi) <b>Enter value</b> →					
Air tank regulator gauge set to 70 psig					
Air break equipment ready & disinfected (Demand System ONLY)					
Chamber covers completely removed and stored in a professional manner					
Chamber grounds are connected and without damage (back of chamber and patient grounding strap), check continuity with multimeter (less than 1 ohm Ω) <b>Enter value</b> →					
Chamber supply/vent hoses without obvious leaks, kinks, or damage					
Inspect acrylic chamber hull for scratches and/or crazing					
Inspect both the green oxygen supply and red exhaust bypass indicators to ensure that the lenses are in place and undamaged					
Turn the communication switch to the on-position, green light should be on					
Turn on entertainment					
Switch communications panel to Test, ensure system works properly					
Inspect chamber door gasket for damage					
Inspect chamber controls for damage or loose knobs					
Inspect chamber interior and exterior for cleanliness					
<b>SHUTDOWN CHECKLIST:</b>					
<b>Initials of person completing checklist</b>					
Turn oxygen and air supply to chamber off (change air tank if below 500psi) <b>Enter value</b> →					
Ensure System ON/OFF switch is OFF. Confirm that indicator eye is NOT showing green					
Turn off entertainment					
Ensure communication switch is <b>OFF</b> , (green light will go out)					
Clean chamber interior/exterior and cover					

Person Completing: \_\_\_\_\_ Initials \_\_\_\_\_

Person Completing: \_\_\_\_\_ Initials \_\_\_\_\_

Person Completing: \_\_\_\_\_ Initials \_\_\_\_\_

Person Completing: \_\_\_\_\_ Initials \_\_\_\_\_