



**TRANSCEND
MEDICAL**

Going Beyond The Limits

Oxygen Setup Checklist

_____ **Make sure customer has contact information and explain 24 hour service and when and how to get routine service.**

_____ Explain and demonstrate basic operation of the equipment including how to clean and when to replace disposables

_____ If you using tanks explain how to store and travel with and how to troubleshoot and change tanks out

_____ Explain the prescription and not to make changes on their own.

_____ Explain alarms and typical troubleshooting

_____ **Explain that Oxygen is non-flammable, but supports combustion**

_____ **Explain FIRE HAZARDS of ignition sources like candles, heaters, smoking**

_____ **Explain FIRE HAZARDS of combustible materials like petroleum based products like lip balm**

_____ **Explain that tanks should never be stored or transported in the trunk or unventilated area**

_____ **On Concentrators explain the need for using electrical outlets that is properly grounded.**

_____ Explain the dangers associated with a humidifier, how to clean, how to troubleshoot (if applicable)

_____ Leave customer a NO SMOKING SIGN, and ensure our Label on equipment with 24 Hour Number

_____ You are **FINANCIALLY responsible** for **KEEPING UP** with **CHARGERS** and **CARRYING CASE**—

_____ Annually See Health Care provider to document continued need

_____ **MUST INFORM US IMMEDIATELY IF YOU CHANGE INSURANCE , ENTER HOSPITAL, REHAB, HOSPICE, Nursing Home, MOVE or have family contact us if you pass away (equipment belongs to Transcend Medical)**

WARNING: If any of the above occurs you will be responsible for the balance of the bill -

Initial here _____

_____ By initialing here you acknowledge that the equipment is good working condition _____

If this equipment does not operate properly or if you do not understand any of the above call **800-403-3740**. We will correct the problem. This equipment is considered rental equipment and is the property of **TRANSCEND MEDICAL**.

Customer Printed Name : _____ Signature: _____

Company Representative : _____

Date: _____