

**Olive View – UCLA Medical Center  
NEONATAL EMERGENCY CART CHECK LOG**

MONTH/YEAR \_\_\_\_\_ WARD/UNIT \_\_\_\_\_ Quarterly Operational ✓ (performed by Facilities-Biomedical Department)

ATTACHMENT III

Date	Time	Last 3 digits of Lock No.	O2 cylinder PSI >1000	First Date of Expired Medication	First Date of Expired Supply	Signature/ Comment
<i>Ex.</i>		<i>000</i>	✓	<i>6/09</i>	<i>6/09</i>	<i>J Doe</i>
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