### **Biomedical Equipment Checklist**

#### **Purpose**

To confirm the proper functioning, availability, and calibration of biomedical equipment for safe and effective medical care.

#### **General Information**

* **Facility Name**: [Facility Name]
* **Date**: [Inspection date]
* **Inspector Name**: [Name of the inspector]
* **Department**: [e.g., Radiology, ICU, etc.]

#### **Checklist Categories**

1. **Diagnostic Equipment**
   * X-Ray Machine
   * Ultrasound Machine
   * ECG Monitor
2. **Therapeutic Equipment**
   * Defibrillators
   * Infusion Pumps
   * Ventilators
3. **Sterilization Equipment**
   * Autoclave
   * Ultrasonic Cleaners
4. **Monitoring Equipment**
   * Blood Pressure Monitors
   * Oxygen Saturation Monitors
   * Patient Monitors