NOAA DIVING
OXYGEN & FIRST AID KIT
ORDER/ISSUE FORM

Recipient Name: _____ Issue Date: _____

Unit/Location: _____ Phone: _____

UDS Approval: _____ Date: ___/___/____ Email: _____

ITEM	Suggested Quantity	Requested	Quantity Issued	Backordered
King Pelican Case	1	_____	_____	_____
*Dual Yoke Resuscitator S/N_____	1	_____	_____	_____
*Elder Valve S/N_____	1	_____	_____	_____
**Aluminum Oxygen Cylinders Size: D ___	2	_____	_____	_____
		S/N_____	Last Hydro Date_____	
		S/N_____	Last Hydro Date_____	
Soft Seal Ambu Mask	1	_____	_____	_____
Cylinder wrench with chain attached	1	_____	_____	_____
02 Kit Monthly Maintenance Checklist	1	_____	_____	_____
Safe Operating Procedures information packet	1	_____	_____	_____
Laerdal/Barrier CPR Mask	1	_____	_____	_____
Neuro Hammer	1	_____	_____	_____
Forceps	1	_____	_____	_____
Otoscope and Speculae	1	_____	_____	_____
Hypothermia Thermometer and case	1	_____	_____	_____
EMT Scissors	1	_____	_____	_____
Stethoscope	1	_____	_____	_____
BP Cuff (Syphgmomanometer)	1	_____	_____	_____
Penlight	1	_____	_____	_____
Emergency Space Blanket	1	_____	_____	_____
Potable Water Pack Expiration Date __/__	2	_____	_____	_____
Heat & Cold Packs	1	_____	_____	_____
Tupperware container	1	_____	_____	_____
Industrial 1st Aid Kit	1	_____	_____	_____

* Resuscitator and Elder valve require service every two years
**Cylinders are to meet HYDRO/VCI requirements

Industrial 1st Aid Kit
- Flexible adhesive strips
- Major wound compress
- Gauze pads
- Triangular and gauze bandages
- Adhesive tape
- Antiseptic towelettes
- Latex exam gloves
- Tweezers
- First Aid/CPR Instructions

For order information or questions concerning this kit contact NDC at 206-526-6446 or fax 206-526-6506.

Signature of Recipient: _____ Date Received: _____