



TRUENORTH

RESPIRATORY

HOME OXYGEN EQUIPMENT SAFETY CHECKLIST

The following has been explained to me:

- **What I have been prescribed: _____ Lpm**
- **No smoking or open flame within 10 feet of oxygen and oxygen equipment, including tubing**
- To place "Oxygen In Use" sign on exterior door
- Keep grease or oil products and flammable materials away from the oxygen equipment
- Only use kink resistant tubing
- Plug the concentrator into a proper outlet with a surge protector
- Ensure no other appliances are on this circuit
- How to turn the equipment on and off
- How to adjust the oxygen flow rate
- Clean my equipment regularly
- How and when to clean the inlet filters (if applicable) and cabinet
- Do not tamper with/try to repair equipment
- Maintenance on the equipment
- Do not allow people who are not knowledgeable in oxygen therapy and using the equipment to operate it/make changes to your therapy
- How to check if the concentrator is working properly
- What to do if the equipment stops working or alarms
- When/how to use my back-up cylinder
- Advise my home insurer that I have oxygen in my home
- That I am responsible for loss or damage to the equipment and to contact my insurance company to ensure that I have coverage for this loss or damage
- What to do in case of fire
- Funding options available to me
- How to safely travel with/transport oxygen

I have been given written instructions/manuals for the equipment above, and TrueNorth Respiratory Therapy Services Ltd.'s contact information. I understand that TrueNorth Respiratory Therapy Services Ltd. does not provide medical emergency services, and I understand that if I require emergency medical assistance I am to call 9-1-1 or go to the nearest Hospital.

Please note: Any travel plans need to be discussed with our office *minimally one week prior* to your expected equipment pick up appointment for your trip. We have limited travel equipment so please include us in your travel plans with as much notice as possible.

Disclaimer: I acknowledge that I am leasing or purchasing, and using the above-mentioned equipment at my own risk and release TrueNorth Respiratory Therapy Services Ltd. and its employees from any claim for damages or loss of any kind which might arise from the lease, purchase, or use of their equipment. I further acknowledge that TrueNorth Respiratory Therapy Services Ltd. has not made any claim or Representation as to the effectiveness of the treatment prescribed by my Physician(s). I acknowledge that TrueNorth Respiratory Therapy Services Ltd. has informed me, and I agree that they will not assume any responsibility or liability for the operation or performance of equipment, or success, failure, or effect of any of the treatments or therapies performed with their equipment.

I acknowledge that I have read and received a copy of this Home Oxygen Equipment Safety Checklist. I understand and accept the above paragraph.

Client/Legal Representative signature

Date

TrueNorth Respiratory Therapy Services Ltd. Representative signature

Date