PATIENT CARE UNIT/DEPARTMENT CLOSE-OUT CHECKLIST

PROJECT NAME:_____LOCATION:_____

During the pre-construction walk-through, evaluate if the following items have been cleared from the area. If not, notify the appropriate contact and request that the items be removed ASAP.

Removed from unit?		SUPPLIES / MATERIALS	Contact	Number	Date Contacted	Date Material
		1. Respiratory Care Equipment	Craig Rooks (adult)	322-0697		
		(regulators, gas cylinders, etc)	Cheryl Burney-Jones (pediatrics)	343-3407		
		2. Mercury Blood Pressure Equipment	VEHS (Chris Viglianco)	322-6484		
		3. Chemicals (other than housekeeping items)	VEHS (Chris Viglianco)	322-6484		
		4. Stretchers/Wheelchairs	Paul Nichols	343-6347		
		5. Clean Linens	James Tankersley	831-4141 pgr		
		6. Unused medical supplies	Ryan Blakeman Nell	322-1187		
		7. Equipment	Ryan Blakeman Nell	322-1187		
		8. Medications	Central Pharmacy (ask for pharmacist)	322-0703		
		9. Telephones	ITS	321-1611		
		10. Soiled linens, trash, medical waste, needle boxes	Env. Services (VUH, MCNRW, MCE North 3 rd & 4 th floors, MCE South 5 th floor)	818-4199		
			Env. Services (VCH, DOT clinics)	936-6592 or 936-8240 343-9350		
			Aramark (TVC, MCE clinics other than those noted above)			
		11. Patient Paperwork, Books	Unit Manager			
		12. Food/Nutrition supplies	Unit Manager			
		13. Televisions	Clinical Engineering	322-3440		
		14. Addressograph (card making) equipment	LaVerne Burgess (Admitting)	322-1365		
		15. Ice Machines	Mark Walker (HAR)	343-6641		
		16. Pneumatic Tube carriers	Tim Simpson (SER)	343-2355		
		17. Automatic door hardware	Tim Simpson (SER)	343-2355		
		18. Security systems	Tim Simpson (SER)	343-2355		
		19. Mechanical combination locks	Anna Rivera	615-308-3790		
		20. Computers/monitors	Call help desk. Request Pegasus request form for moving computer equipment	343-4357		

Date: ______ Surveyor Name: _____