

## Equipment audit form

Please complete this form and add it to your **Appraisal and Revalidation portfolio**.

Equipment available	In the practice	In consulting room	In the bag
Auriscope	X	X	X
Autoclave	X		
Blood sampling equipment	X	X	X
Cervical smears equipment	X	X	X
Ear syringe	X		
ECG machine	X		
Emergency bag with resuscitation equipment/oxygen	X		
Examination gloves	X	X	X
Eye drops	X	X	
Local anaesthetic	X	X	
Measuring tape	X	X	X
Nebuliser	X		X
Ophthalmoscope	X	X	X
Peak flow meter	X	X	X
Refrigerator with temperature monitor	X		
Sphygmomanometer (with date tested)	X		
Stethoscope	X	X	X
Surgical instruments	X		X
Syringes and needles	X	X	X
Thermometer		X	X
Tongue depressor	X		X
Torch	X	X	X
Tuning fork	X	X	X
Urine testing sticks	X	X	X
Vaginal speculum	X	X	
Vision assessment	X	X	X
Weighing scales and height measure	X	X	

**Details of any other equipment in the practice, consulting room or bag**

*Foetal heart monitor – bag*  
*Spirometer - practice*

Name:

Signed:

Date:

Example