

# NECKSAFE

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## SPINAL EQUIPMENT AUDIT

### NOTE: DEMONSTRATION VERSION ONLY

This Spinal Equipment Audit forms a record of the equipment available for the management of suspected acute spinal cord injury. It relies on your honesty and accuracy. A copy will be forwarded to the email address provided below as your record of the information, and kept on our secure server for future reference if required. It will not be released to third parties without your written authorisation (except as required by law).

By completing this audit you also agree to the terms and conditions of our Spinal Equipment Audit Service and to paying all associated fees.



Today's Date:

Your LAST NAME, First name:

Your position/role

Your preferred email address

Your Mobile phone number

Venue / Location / Field

Organisation/Club/Team/School

Equipment Location

Other relevant information

# SPINAL EQUIPMENT LIST

|                                                                                                      |     |    |
|------------------------------------------------------------------------------------------------------|-----|----|
| Cervical Collars (2 minimum)                                                                         | YES | NO |
| Brand, Size/s and Number                                                                             |     |    |
| Spineboard plus 4 straps                                                                             | YES | NO |
| Brand, Size/s and Number                                                                             |     |    |
| Other Stretcher plus 4 straps                                                                        | YES | NO |
| Brand, Size/s and Number                                                                             |     |    |
| Head Immobilisation Device (including base-plate, head blocks, locating straps and head/chin straps) | YES | NO |
| Brand, Size/s and Number                                                                             |     |    |
| Oxygen System (cylinder, regulator, tubing, fresh mask/s)                                            | YES | NO |
| Wheeled gurney or stretcher                                                                          | YES | NO |
| Medicab                                                                                              | YES | NO |
| Box of gloves (Sizes sm, med, lge)                                                                   | YES | NO |
| Surface cleaning spray and wipes)                                                                    | YES | NO |

Other equipment (please specify)

**COMMENTS ON EQUIPMENT**

**I agree to the Spinal  
Equipment Audit terms and  
conditions and to the  
associated fees**

**YES**

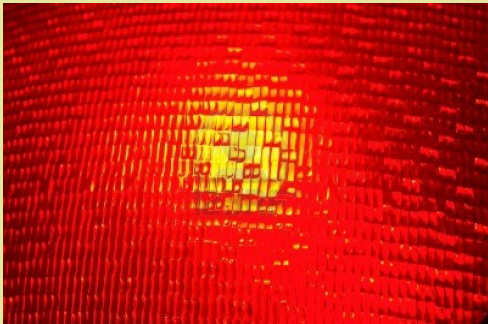
**I CONFIRM THAT I  
PERSONALLY CHECKED THE  
EQUIPMENT AND FOUND IT  
SERVICEABLE**

**CONFIRMED  
NOT CONFIRMED  
UNSURE**

**COMMENTS**



**OK TO COMMENCE  
PLAY, PLEASE INFORM  
REFEREE AND TEAMS**



**PLAY SHOULD NOT BE  
COMMENCED.  
PLEASE DISCUSS  
FURTHER WITH REFEREE  
AND TEAMS**