

Dialysis Capital Equipment Inventory

The **Dialysis Capital Equipment Inventory** template is provided to summarize details (listed below) of the CKD program capital equipment available in the event of an emergency. A completed template may be included within your local CKD Emergency Management Plan for reference.

- Service Site
- Capital Equipment Type
- Capital Equipment Volume
- Emergency Power Supply
- Emergency Water Supply
- Water Supply Source
- Hours of Operation

Template Glossary of Terms

Term	Description
Service Site	Name of service site and location
Capital Equipment Type	Capital equipment make and model
Capital Equipment Volume	Capital equipment number (#)
Emergency Power Supply	Emergency Power provided at site/location (as applicable) as indicated by Yes/No response
Emergency Water Supply	Emergency water provided at site/location (as applicable) as indicated by a Yes/No response
Water Supply Source	Details regarding service site/location water supply source (as applicable)
Hours of Operation	Details on hours of operation of site/location in the event of an emergency
Comments	Additional notes may be added here for reference

RECOMMENDED ACTIONS

1. Using the template provided complete one template to detail the capital equipment of the CKD program.
2. Incorporate the completed template into your final CKD emergency management plan as a key reference tool.



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An example of a complete template is below for reference.

Service Site Name: CKD Program ABC

Site Location	Location #1	Location #2	Location #3	Location #4	Location #5
Capital Equipment Type (make & model)	FMC Hemodialysis Medical Device	Gambro Hemodialysis Medical Device	Bellco Hemodialysis Medical Device	Baxter Peritoneal Dialysis Device	
Capital Equipment Volume (#)	24	6	4	10	
Emergency Power Supply Available	Yes (Hospital Generator)	Yes (Hospital Generator)	Yes (CKD Program Generator)	Yes (Hospital Generator)	
Emergency Water Supply Available	Yes	No	No	N/A	
Water Supply Source	Primary Dialysis Water Treatment System	Portable RO Only	Portable RO Only	N/A	
Hours of Operation	6 am – 1 am (7 days/week)	24 hrs/7 days week	6 am – 11 pm	24 hrs/7 days week	
Additional Comments				See medical device operating manual for details regarding battery life during power failure.	

Notes

Dialysis Capital Equipment Inventory - Template

Service Site Name: _____

Site Location	Location #1	Location #2	Location #3	Location #4	Location #5
Capital Equipment Type (make & model)					
Capital Equipment Volume (#)					
Emergency Power Supply Available					
Emergency Water Supply Available					
Water Supply Source					
Hours of Operation					
Additional Comments					

Notes
