

## Employee Competency Certification of DME Equipment

Employee Name: \_\_\_\_\_

The person verifying that the individual is competent to provide the service indicated should initial and date next to each appropriate location once competency has been observed.



= Always send to repair facility



= Not Required for this equipment

Type of Equipment	Employee Qualified to setup/pickup, clean this equipment	Qualified to provide Preventative Maintenance & repairs for this equipment type.	Qualified to Perform Testing for this equipment
Oxygen Concentrators			
Hazardous Materials Certification (list date)			
Portable Oxygen Systems (tanks & regulators)			
Homefill II systems			
Conserving Devices			
CPAP/Bilevel Systems & masks			
Pulse Oximetry Testing Equipment			
NIPPV ST/ Adapt SV			
Nebulizers			
Suction Machines			
IPPB Machines			
50 PSI Compressor & Lrg Volume Nebulizer			
Phototherapy Units			
Hospital Beds & Over Bed Tables			
Patient Lifts			
Trapeze Equipment			∅
Manual Wheelchairs, Geriatric Recliners			∅
Power Wheelchairs/Scooters			
Walking Aides			∅
Commodes & Bathroom Equipment			∅
Lift Chairs			∅
Alternating Pressure Mattress/Low Air Loss Systems			
Mattresses, support surfaces & cushions			∅
Enteral Feeding Pumps & supplies			
Diabetic Meters		Replace Only	
CPM Units			
Diabetic Shoe Fittings (list dates of certification/licensure or CEU's for certified individuals)			∅
Intermittent Suction Units			
Tens Units			
Home Safety Assessments/Plans of Service			

I certify that the individual listed above has been certified as competent to perform the duties as indicated in the sections indicated above.

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_