Frequency _____ Client #_____

Monthly

Inspection Sheet

Client Name	Client Location (Address)	Client City/Zip	Contact Phone

Care Giver Contact	Caregiver Phone	Care Giver Relationship

Client Facility	Assisted Living: Caregiver Facility	Next Visit
Drop Down List		

Day	Month	Time	Person Inspecting Equipment	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

	Transmitter	Battery	Case	Band	Tester	Receiver	Perimeter	Antenna	Cable	Sheet
Install / New										
Replace / Modify										
Inspect										
Remove										

Visit 1)

Caregiver Signature Date Responder Signature Date

Visit2)

Caregiver Signature Date Responder Signature Date