Battery/Transmitter Test Log Sheet

Transmitter/Battery to be tested daily

Client Name: _____ *Caregiver Name* _____

If any problems arise with equipment contact Major Utley (740) 382-8244 option 6

Date	Battery/Transmitter Test Ok				Time of Check	Comments	Signature
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				