

CST Shift Log and Check list



(Note - Blank Boxes require info adding, Others require circling. # = Number)

Please complete separate log sheet for every shift carried out (Split shift = 2 sheets). Leave in Designated tray at end of shift											
1. Shift Details (Please PRINT - where Names are required)										Shift Date	
Shift Times>		From		To				/		/	
Shift ID (e.g. ABR1-4, AVS)>											
CST Full Name (PRINT below)				Clinician Name #1 (PRINT below)				Clinician Name #2 (PRINT below)			
Please ensure all Issue details are added to shift report section or Faulty Equipment report form.											
2 . Pre-Shift Checks (In CST Office)											
Phone & Torch - present & Charged?>		Yes		Reported		Car Keys/Fuel Card Obtained?>		Yes		Reported	
Sanitisers/Bin Bags Collected?>		Yes		Reported		Vehicle Reg No >					
AVS (only) Call log Sheet Prepared?>		Yes		N/A		ARemote/Adastra signed into?>		Yes		Reported	
Clinicians Case/Equipment				ALL Devices Power up & Blood Sugar Device tested?>				Yes		Reported	
Contents present/Expiry Dates?>>		Yes		Reported		Forms Folder Checked/Filled?>		Yes		Reported	
<i>(Full list of requirements provided on Laminated sheets - If unsure of above Standards)</i>											
Prescription Packs				Drug Cassette 1				Drug Cassette 2			
Pack 1 #>				Pack 2 #>				Drug Cassette 1 #>			
FP10 numbers align?>				FP10 numbers align?>				Tag ID>			
Yes		No		Yes		No		Tag Colour>		Yellow Green	
PPE - Qty Taken during shift>>		PPE Packs		Hazmat Suits		CST Signature (to confirm all checks carried out)					
3. Pre-Shift Checks (Car) - Ensure all tyres are checked for legal tread & condition. Full lock on front to check.											
Mileage on Vehicle Odometer?>				Out				In			
Vehicle Fuel Level at Start of Shift?>				Full * 3/4 * 1/2 * 1/4 * E				Fuel added?>		Yes / No	
Phone & Laptop Charging Cables in Vehicle?>				Yes		Reported		➔ Report in Vehicle defects/damage section			
ALL Vehicle Touch-points: Front and Rear - sanitised with wipes? Infection Control! >>								Yes			
Tyres ,Lights ,Washer fluid & Wiper condition checked? (DO NOT USE CAR IF DEFECTS ARE FOUND) >>								Yes		Defects	
Exterior of Car checked for Damage?>>				Yes		➔ List all Damage/Defects & Report to T/L. ⤴					
AED Light Green & Spare pads present?>				Yes		Replaced		Pads Date> / /			
Red Emergency Medicine Box Sealed?>				Yes		Replaced		Red Box Tag #?>			
Temperature in Boot? (0c-25c-Report if outside range) >						C		Red Box - Tag Date?> /			
Oxygen Cylinder Level (on Gauge)?>				Full * 3/4 * 1/2 * 1/4!				E = Change Cylinder!			
Oxygen Masks & tubing present?>				Replaced		Yes		< Adult Paediatric >		Yes Replaced	
Supply of Gloves in car (M & L)?>				Yes		Added		Roll of Aprons in car?		Yes Replaced	

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Note - Blank Boxes require info adding - where applicable.

"Yes/No" Boxes require an answer. # = Number.



4. In /Post-Shift Checks & Recording - NOTE - All returned Items, PLUS Car, MUST be sanitised at end of shift.

<u>During & Post Shift Checks</u>				<u>Drug Cassettes/Red Emergency Box Usage</u>			
Prescriptions issued by Clinician? <i>(Check prior to Clinician leaving)></i>	No	Yes		Drug Cassette #1 Used?>	No	Yes	
Prescription Audit sheet filled in ? <i>(Check prior to Clinician leaving)></i>	N/A	Yes	Yellow Tag ID->		Adastra Case		
All Clinicians Equipment present? <i>(Check prior to Clinician leaving)></i>	Yes	Reported	Yellow Tag ID->		Adastra Case		
AVS sheet completed by Clinician ? <i>(Check prior to Clinician leaving)></i>	N/A	Yes	Yellow Tag ID->		Adastra Case		
Orange waste bag disposed of?>	N/A	Yes		Drug Cassette #2 Used?>	No	Yes	
Rubbish/Call Sheets disposed of/Shredded?>		Yes	Yellow Tag ID->		Adastra Case		
Yellow/Green Tag Cassettes Returned to store?>		Yes	Yellow Tag ID->		Adastra Case		
PPE Returned to Un/Used boxes?>	Yes	N/A	Yellow Tag ID->		Adastra Case		
Car Keys Returned & Phone on Charge? >		Yes		MAS filled in (Clinician)?>	N/A	No	Yes
Toughbook shutdown & on Charge? >		Yes		Cassette #1/Red Tag ID->			
Fuel Receipt to T/L or CST tray?>	N/A	Yes		Cassette #2/Red Tag ID->			
Red Emergency Box used?>	N/A	Yes ➔		TL Notified? (Red Tag or Red Box Used)>	N/A	Yes	
AVS (only) Call Sheet to T/L folder?>	N/A	Yes		Clinician #1 Signature>			
No Visits? (Tick)	Home visits completed - Add Adastra Case Numbers			Clinician #2 Signature>			
PPE - Qty Used?->>>	PPE Packs	FFP2 Masks Available Used		Hazmat Suits	Mandatory CST Signature (to confirm all sections completed)		
Shift Report: All Issues to be recorded (In-Shift issues etc). <u>Non-Vehicle related.</u>							
<u>Item #</u>	<u>Issue Detail</u>			<u>If/How rectified?</u>		<u>T/L Informed? Y/N</u>	
1							
2							
3							
T/L Signature (To confirm shift Issues logged & Sheet completed by CST).							
PRINT - Mandatory				Sign - Mandatory			

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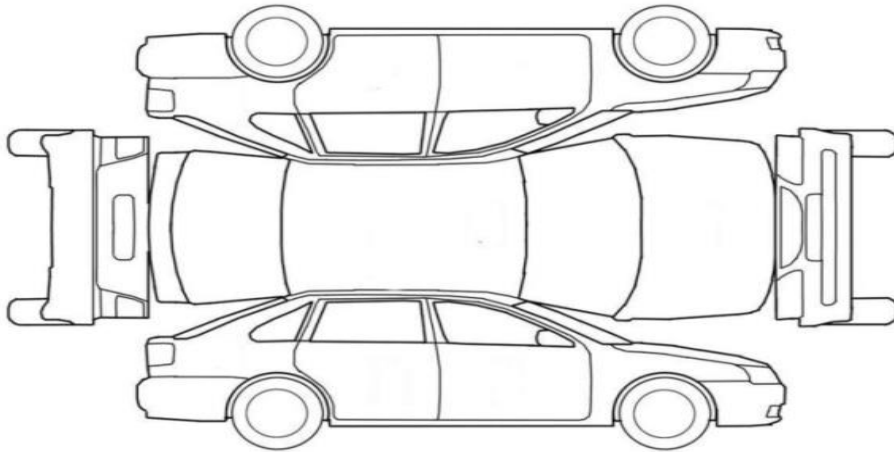
All Issues - Reporting Section

(Issues logged on this page; MUST be reported by T/L in shift log)



Date:- / /	Vehicle Reg:-
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KEY: D = Dents R = Rust S = Scratch M = Missing



Use Key above to highlight new & old issues on vehicle - prior to leaving Bourne Road.

Use 'Vehicle Damage' area below to add further detail - If required.

Vehicle Damage/Accident Details

#	Defect Detail/Accident info	How/If Rectified/Other Vehicle details	Name of T/L Notified?
1			
2			
3			

Visiting Clinician's Equipment (Issues to be reported and/or resolved prior to shift starting)

#	Item Defect/Item missing	How/If Defect Rectified	Name of T/L Notified?	Issue Report Y/N?
1				
2				
3				