

D & S Diversified Technologies

dba HEADMASTER

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 — Fax 419-422-8367

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

TEST SITE REQUIRED EQUIPMENT LIST

FACILITY NAME: _____ SITE # _____ DATE _____

FACILITY ADDRESS: _____ CITY _____ ZIP _____

TESTING SITE TYPE: ___ FLEXIBLE (In Facility) ___ FIXED (Regional) _____ BOTH

CONTACT PERSON: _____ PHONE #: _____

PROGRAM COORDINATOR: _____ PHONE #: _____

****TEST SITES MUST INCLUDE ALL OF THE MATERIALS NECESSARY TO PROPERLY ADMINISTER ANY OF THE RANDOMLY SELECTED SKILL TESTS.**

ROOM REQUIREMENTS:

- _____ Skill Lab
- _____ Written Test Room
- _____ Holding Area (Identify room to be used: _____)

EQUIPMENT REQUIREMENTS:

- _____ Bedpan
- _____ **Completely functioning long-term care bed with side rails and brakes. (All portions must raise and lower)**
- _____ Privacy curtain (Must be overhead rail, pull type with a minimum 4' of rail)
- _____ Laundry hamper
- _____ Bedside stand and over bed stand
- _____ Wheelchair with working brakes and footrest
- _____ Standard scale or analog scale (NO DIGITAL)
- _____ Hand washing sink with running water, liquid soap, and paper towels (Preferably in same room.)
- _____ Wash basin
- _____ Bedpan output measurement container/graduate
- _____ Wastebasket
- _____ Call light—does not have to be a working call light
- _____ Gait belt/transfer belt
- _____ Food tray, plate, silverware, water proof pads, pillowcases, flat and fitted sheets, blankets, towels, washcloths, bath blankets, and resident gowns
- _____ Dentures and denture container
- _____ Mannequin (**lower portion of body acceptable must include the complete peri and rectal area**)
- _____ Walker
- _____ Blood pressure cuff
- _____ Bi-ocular Stethoscope
- _____ Wall Clock
- _____ Urinary Drainage bag & tubing
- _____ Antiseptic Wipes
- _____ Gloves and Isolation Gown

RECOMMENDATIONS: _____

COMPLETED BY: _____ DATE: _____