

Comprehensive Health Services Equipment Inventory Checklist

Please insure that your clinic has the following equipment in proper quantities and in the proper condition. When the inventory check is completed, sign and fax/mail back to Comprehensive Health Services. Based on your responses, we will provide your clinic with any necessary equipment.

Fax Number: 703-288-5454

Qty	Item Name	Clinic Qty	Condition		Qty Needed
			Good	Poor	
1	Green Step Bench		<input type="checkbox"/>	<input type="checkbox"/>	
10	Purple Step Risers		<input type="checkbox"/>	<input type="checkbox"/>	
1	4" Yoga Block		<input type="checkbox"/>	<input type="checkbox"/>	
1	5" Yoga Block		<input type="checkbox"/>	<input type="checkbox"/>	
1	CHS Stop Watch		<input type="checkbox"/>	<input type="checkbox"/>	
1	Clipboard		<input type="checkbox"/>	<input type="checkbox"/>	
1	Yoga Mat		<input type="checkbox"/>	<input type="checkbox"/>	
INCLUDED WITHIN THIS BINDER:					
1	BPA Test Administrator Instructions		<input type="checkbox"/>	<input type="checkbox"/>	
1	BPA Fitness Facts Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	CBPO Test Administrator Instructions		<input type="checkbox"/>	<input type="checkbox"/>	
1	CBPO Fitness Facts Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	IEA Test Administrator Instructions		<input type="checkbox"/>	<input type="checkbox"/>	
1	IEA Fitness Facts Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	AEA/AIA/MIA Test Administrator Instructions		<input type="checkbox"/>	<input type="checkbox"/>	
1	AEA/AIA/MIA Fitness Facts Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	IEA Audio CD		<input type="checkbox"/>	<input type="checkbox"/>	
1	IEA Video CD		<input type="checkbox"/>	<input type="checkbox"/>	
1	Complete BPA Fitness Test		<input type="checkbox"/>	<input type="checkbox"/>	
1	Complete CBPO Fitness Test		<input type="checkbox"/>	<input type="checkbox"/>	
1	Complete AEA/AIA/MIA Fitness Test		<input type="checkbox"/>	<input type="checkbox"/>	
1	Complete IEA Fitness Test		<input type="checkbox"/>	<input type="checkbox"/>	
1	Medical/Fitness Test Instructions		<input type="checkbox"/>	<input type="checkbox"/>	
1	Sample Forms Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	"Frequently Asked Question's" Booklet		<input type="checkbox"/>	<input type="checkbox"/>	
1	Test Administrator Training - PowerPoint Presentation		<input type="checkbox"/>	<input type="checkbox"/>	

Printed Name _____

Date _____

Signature _____

Clinic Code _____

Clinic Name _____

PH: (____) _____

Street Address: _____

FAX: (____) _____

City, State, Zip: _____