Comprehensive Health Services
Equipment Inventory Checklist

Please ensure 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

<table>
<thead>
<tr>
<th>Qty</th>
<th>Item Name</th>
<th>Clinic Qty</th>
<th>Condition Qty</th>
<th>Qty Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Green Step Bench</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Purple Step Risers</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>4&quot; Yoga Block</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>5&quot; Yoga Block</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>1</td>
<td>CHS Stop Watch</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Clipboard</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yoga Mat</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

INCLUDED WITHIN THIS BINDER:

1. BPA Test Administrator Instructions
2. BPA Fitness Facts Booklet
3. CBPO Test Administrator Instructions
4. CBPO Fitness Facts Booklet
5. IEA Test Administrator Instructions
6. IEA Fitness Facts Booklet
7. AEA/AIA/MIA Test Administrator Instructions
8. AEA/AIA/MIA Fitness Facts Booklet
9. IEA Audio CD
10. IEA Video CD
11. Complete BPA Fitness Test
12. Complete CBPO Fitness Test
13. Complete AEA/AIA/MIA Fitness Test
14. Complete IEA Fitness Test
15. Medical/Fitness Test Instructions
16. Sample Forms Booklet
17. “Frequently Asked Question's” Booklet
18. Test Administrator Training - PowerPoint Presentation

Printed Name: ___________________________ Date: ___________________________

_________________________________________________________ Clinic Code: ___________________________

Signature: ___________________________________________ Clinic Code Signature: ___________________________

Clinic Name: ___________________________________________ PH: (_____)__________

Street Address: ___________________________________________ FAX: (_____)__________

City, State, Zip: ___________________________________________