Project Lifesaver® Daily Inspection and Test Log

Client Name _____ Address_____ Phone#_____

Caregiver Name_____ Relationship_____ Phone#_____

Client Facility Type (i.e. house, nursing home) _____ Name_____

Client # _____ Radio Frequency_____

Day	Month	Time	Transmitter Test Results / Band Condition	Initials of Caregiver

The Caregiver who is responsible for client care is required to test the transmitter every day. Inspect the band and transmitter for any damage. If a problem exists or the transmitter is not indicating transmission (no pulsing or steady burning red light), notify the Sheriff's Office right away at 785-841-0007. After inspection, sign and date this Daily Inspection and Test log.