



The life of the beach.

SURF LIFE SAVING SA

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C I R C U L A R

Circular No: C08031
TO: Chief Instructors, Club Secretaries
FROM: Shane Daw
DATE: 6th October 2008
SUBJECT: RESUSCITATION UNIT SERVICING

The annual service of all resuscitation units to be used for patrol purposes is an essential requirement.

Clubs are advised that they will have until **Friday 31st October 2008** to have resuscitation units appropriately serviced. **A copy of the service report MUST be supplied to SLSSA by the Club for each unit.**

Clubs are requested to remove oxygen bottles for servicing and ensure all other items are present. Items missing during service will be replaced at the cost to the Club, unless Clubs advise otherwise.

Again this year Clubs are requested to forward their units direct to St James First Aid – 19a Ween Road, POORAKA (or any other certified service outlet) for servicing and also arrange for collection. All accounts are to be forwarded direct to the Club concerned.

A check list for servicing is enclosed, **Clubs must include Club name, contact name and phone number, address for on forwarding of accounts** and any comments or specific request for the servicing agent on the form, and place inside units when delivering for service.

CLUBS ARE REMINDED THAT IF NOT USING ST JAMES FIRST AID THE FOLLOWING GUIDES APPLY:

Service personnel must be either:

- a B.I.O. Medical Engineer with experience in positive pressure resuscitators;
- a licensed liquid petroleum gasfitter or advanced gasfitter with B.I.O. medical experience;
- a qualified medical gas installer with experience in resuscitation equipment and repair of such equipment.

Further to this clubs should also ensure the service personnel are:

- adequately insured for any claims of negligence
- capable of obtaining the correct replacement parts for units
- prepared to label and date units as being serviced

For further information contact Shane Daw at SLSSA.



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Resuscitator Unit Service Sheet

2007/2008

CLUB NAME _____

CLUB CONTACT PERSON _____ PHONE _____

ADDRESS FOR FORWARDING OF ACCOUNT _____

ITEMS TO BE CHECKED	COMMENTS BY CLUB	COMMENTS BY SERVICE OPERATOR
Regulator		
Airbag		
Reservoir Bags		
Adult Mask		
Child Mask		
Therapy Mask - Adult		
Therapy Mask - Child		
Oxygen Tube		
Bodock Seals - 2 required		
Resuscitator Case		
Cylinder Key		

Other Comments _____

COMPLETED FORM MUST BE RETURNED TO SLSSA BY FRIDAY 31st October 2008