

Review of Medical Chest Details

Name of Medical Chest:	
Medical Chest Number:	
Name of Medical Chest Owner / Company:	
Telephone number:	
Fax number:	
Email:	

Name of Medical Chest Location:	
Is there a permanent resident at this address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery / postal address for supply of chest and contents:	

Telephone number:	
Facsimile number:	
Latitude and longitude (if known):	

Name/s of person/s responsible for care of the medical chest (may be different to the owner above):	Custodian 1:
	Custodian 2:

Type of location (please tick):	Station	<input type="checkbox"/>	Exploration / mine site	<input type="checkbox"/>
	Mobile	<input type="checkbox"/>	Remote community	<input type="checkbox"/>
	Other – please give details:			
Name of nearest town and distance in km:				
Name of nearest medical service / Clinic(i.e., hospital or health centre) and distance in km:				

Have you undertaken the Medical Chest online training: https://rise.articulate.com/share/-5r1kQx-EWJpxQ0xkCOB0IRSQDff0YC#/	<input type="checkbox"/> NO
	<input type="checkbox"/> YES

How many people to be served by new chest?	
Number of Children under the age of 16	
Is access to these chests always available?	