

Review of Medical Chest Details

Please complete and return via email to medicalchest@rfdsse.org.au

Name of Medical Chest:	
Medical Chest Number:	
Name of Medical Chest Custodian (Chest Holder):	
Telephone number:	
Email:	

PHYSICAL Location of Chest: (eg. In the Homestead Office, Home Station, Home, NSW 1234)	
Latitude and longitude (if known):	
Is there a permanent resident at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
POSTAL address for supply of chest contents:	

Current Numbers in Dangerous Drug Authorisation Book (GREEN) (eg. A12301 – A12310)				
Do you have the following resources on site? (please tick):	Order Forms	<input type="checkbox"/>	Dangerous Drug Authorisation Book	<input type="checkbox"/>
	Expiry Date Record	<input type="checkbox"/>	Drug Usage Form	<input type="checkbox"/>
On the chest are these in good order?	Medical Chest Handbook	<input type="checkbox"/>	Resource Folder	<input type="checkbox"/>
	Expiry Date Record	<input type="checkbox"/>	Drug Usage Form	<input type="checkbox"/>
	Chest ID Label	<input type="checkbox"/>	RFDS Number Label	<input type="checkbox"/>

Name/s of person/s approved for care of the medical chest (may be different to the custodian/chest holder above):	Approved Person 1: Contact Number: Drivers Licence/ID:	
	Approved Person 2: Contact Number: Drivers Licence/ID:	

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:			
Airstrip Information				
Name of nearest town and distance in km:				
Name of nearest medical service (i.e. hospital or MPS) and distance in km:				
Is it available 24/7	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Have you (and all approved persons) completed the compulsory Medical Chest online training modules:	<input type="checkbox"/> NO
	<input type="checkbox"/> YES

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

Billing Details (If Chest is not subsidised)

Company Name	
Attention: Person/Department	
BILLING Postal Address	
Telephone number:	
Email:	
How do you prefer to receive your account?	<input type="checkbox"/> EMAIL <input type="checkbox"/> POST

You can now find all of the resources and training you need on our Information HUB for Medical Chest Custodians below,

[INFORMATION HUB LINK](#)

<https://www.flyingdoctor.org.au/nswact/how-we-help/medical-chests/information-medical-chest-custodians/>

For RFDSSSE Office Use:

Date form Received:
 Person completing update in Mantle:
 Details confirmed in database
 Follow up/Comments: