



**Animal Care Facility Form**

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
**TITLE: F-Air Canister Weight Tracking Form**

**Document No.:** 907.01.frm

**Effective Date:** \_\_\_\_\_

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**APPROVED:**  10/22/12 (Attending Veterinarian)

**APPROVED:**  10/22/12 (Facility Manager)

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Summary of Changes to this Document:

Distribution:  
(1) Animal Facility



Animal Care Facility Form

TITLE: F-Air Canister Weight Tracking Form

Document No.: 907.01.frm

Effective Date: \_\_\_\_\_

VMS Anesthesia Machine Asset #: \_\_\_\_\_ Location: \_\_\_\_\_

**Note: weight increase in 50g from the original weight means the canister should be discarded and replaced with a new one.**

Start Date / Date Used	Lot # of Canister	Canister #	Start Weight (grams)	Weight after use (grams)	Canister Replaced?		Initials
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_