

**Бюджетное учреждение высшего образования Ханты-Мансийского автономного округа - Югры**

**«Сургутский государственный университет»**

**Журнал**

**регистрации использования изделий медицинского назначения при оказании первой помощи**

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(наименование подразделения)

Начат «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г.

Окончен «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г.

Аптечка первой помощи №\_\_\_\_\_\_\_\_\_\_\_\_

| №  п/п | Номер использованного изделия медицинского назначения | наименование использованного изделия медицинского назначения | Форма выпус ка (размеры) | Кол-во (штук, упаковок) | Цель использования изделия медицинского назначения | Дата, перечень дополненных медикаментов аптечки | Ф.И.О., подпись ответствен ного лица |
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Примечание: не реже 1 раза в месяц проводить ревизию аптечки первой помощи. Журнал заполнять по мере использования (истечении срока годности) изделий медицинского назначения. Пронумеровать, прошнуровать и скрепить печатью.

Начальнику АХО

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(Ф.И.О. должность)

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(наименование подразделения)

Заявка

о приобретении изделий медицинского назначения

Прошу приобрести изделия медицинского назначения для комплектации аптечки первой помощи в связи с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(их использованием, по истечению срока годности)

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| №п/п | Наименование изделий медицинского назначения | Номер использованного изделия | Форма выпуска (размеры) | Количество (штуки, упаковки) |
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(должность руководителя подразделения) (подпись) (Ф.И.О.)

**Образец**

**скрепления печатью журнала**

|  |
| --- |
| Прошито, пронумеровано и скреплено печатью |
| \_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) листов |
| (цифрой) (прописью) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (должность руководителя или ответ. лица) |
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| (И.О. Фамилия) |
| \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  (дата) (подпись)  Печать |
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