



EasyOne Pro[®]/Pro LAB Competency Checklist

Part number: _____
Serial number: _____

Device Set-Up

	<i>Demonstrated</i>
Identify the EasyOne Pro parts	
Inform of all gas & regulator options (part number & gas type)	
Connect the purple hand sensor to the device	
Connect the white corrugated tubing to the device and the DLCO motor block	
Connect the thermometer	
Connect the gas tubing to the device and regulator	
Disconnect the gas tubing	
Connect the regulator to the gas cylinder	
Set and adjust regulator pressures	
Turn the EasyOne Pro on and off	
Enter facility information	
Select predicted value set	

Patient Demographics

	<i>Demonstrated</i>
Maneuver through data entry screens	
Enter patient information and select appropriate tests	
Recall and edit patient information	

Calibration

	<i>Demonstrated</i>
Enter subject information for biological QC	
Perform biological QC test	

Spirometry

	<i>Demonstrated</i>
Insert the Spirette [®] correctly	
Instruct the patient and demonstrate to the patient how to correctly perform the FVC, FVL or SVC maneuver	
Appropriately coach the patient throughout the test	
Recognize test quality messages and coach the patient accordingly	
Evaluate the curves and numerical data	
Perform post bronchodilator testing if necessary	
Verify the test results and check for acceptable QC grades	
Edit Trials (remove trials, change acceptability and ranking)	



DLCO/FRC

	<i>Demonstrated</i>
Attach the Barriette® to the motor block	
Attach the motor block to the purple hand sensor	
Instruct the patient to perform a DLCO/FRC test	
Recognize the test quality messages and coach the patient accordingly	
Determine DLCO/FRC test repeatability	

Data Reporting

	<i>Demonstrated</i>
Select and print a report	
Export a report as a pdf	
Transfer test results electronically if applicable	

Materials in Box

	<i>Received</i>
Warranty & service/support process	
Required maintenance kit	
Flip book	
Quickstart CD	

Additional Training

	<i>Understood</i>
Re-Inservice Training - \$1,995.00	

Facility Name

Phone Number

Address

Office Manager's Name

City, State Zip Code

Office Manager's Email

Employee Signature: _____

Date: _____

n dd Representative: _____

Date: _____

Other Attendees: _____

**Please fax a signed copy to n dd Medical Technologies, Technical Service Department: 978-470-0924.
Please retain a copy for your records.**