

PSG Hookup QC Supervisor Check List

DATE: _____
 mo day year

Field Center: _____

Technician ID#: _____

Supervisor: _____

- Was PCMCIA card initialized correctly? y n
- Was the portable monitor calibrated correctly?
 - Lights on/off y n
 - Position back/other y n

For each of the following procedures, circle *y* or *n* (*yes* or *no*) to indicate whether the procedure is performed appropriately.

| | Position of Sensor | | Prep of Skin | | Sensor Check | |
|-------------------|--------------------|---|--------------|---|--------------|---|
| • C3 | y | n | y | n | y | n |
| • C4 | y | n | y | n | y | n |
| • A1 | y | n | y | n | y | n |
| • A2 | y | n | y | n | y | n |
| • PG1 | y | n | y | n | y | n |
| • PG2 | y | n | y | n | y | n |
| • L EOG | y | n | y | n | y | n |
| • R EOG | y | n | y | n | y | n |
| • Chin EMG | y | n | y | n | y | n |
| • L EKG | y | n | y | n | y | n |
| • R EKG | y | n | y | n | y | n |
| • Thermistor | y | n | y | n | y | n |
| • Abd. Band | y | n | y | n | y | n |
| • Chest Wall Band | y | n | y | n | y | n |
| • Oximeter | y | n | y | n | y | n |

- Were the wires correctly ponytailed and/or tucked into the vest? y n
- Were start and stop times:
 - Determined correctly (1/2 hour before and 1 hour after expected sleep/wake times) y n
 - Programmed into monitor correctly y n