

OXYGEN TANK MONTHLY CHECK*

Year :

MONTH	Quantity (Pressure)	Initials	MONTH	Quantity (Pressure)	Initials
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

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January			July		
February			August		
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May			November		
June			December		

*Tank is to be maintained at $\frac{3}{4}$ full. – Call _____ for replacement.