

## Defibrillator Maintenance Checklist 6 Month Log



ZOLL AED Plus						
ZOLL AED Plus Serial Number: ..... Defibrillator Coordinator: .....						
Defibrillator Location: .....						
<i>Checklist to be filed in area. Please retain checklists for annual auditing. A copy of the checklist is no longer required to be forwarded to the Occupational Health Team.</i>						
<b>Date</b> Monthly documented check required Refer to <i>ZOLL AED Plus Administrator's Guide</i>	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....
Status Indicator displays a green check <input checked="" type="checkbox"/> within 4-5 seconds of the unit being turned on and off <i>Contact the Occupational Health Team if a red <input type="checkbox"/> appears on the Status Indicator</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit and accessories are free from damage, dirt and contamination <i>Clean and/or replace if necessary (refer to manual)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Batteries have not passed expiration date <i>Ensure the unit is off before checking batteries Affix a sticker with expiry date next to the ON/OFF button – do not remove batteries</i> EXPIRY DATE: .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CPR-D-padz electrode have not passed expiration date, are connected to the unit and sealed in their package EXPIRY DATE: .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Note: It is the Defibrillator Coordinator's responsibility to organise for replacement battery pack and defibrillator pads before they expire</b> <i>Contact the Occupational Health Team for assistance with defibrillator procedures</i>	Comments	Comments	Comments	Comments	Comments	Comments
<b>Signature:</b> <i>Print name if different to Defibrillator Coordinator listed above</i>						