

Defibrillator Maintenance Checklist 6 Month Log



| Defibtech DDU-100 | | | | | | |
|--|---|---|---|---|---|---|
| Defibtech DDU-100 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> | | | | | | |
| Date Monthly documented check required Refer to <i>Defibtech DDU-100 User Manual</i> | Month/Year: | Month/Year: | Month/Year: | Month/Year: | Month/Year: | Month/Year: |
| Active Status Indicator (ASI) is flashing green <i>Contact the Occupational Health Team if light is red or absent</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 |
| Battery pack has not passed expiration date <i>Affix a sticker with expiry date next to the outside of the battery pack – do not remove battery pack</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 |
| Defibrillator pads 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 |
| Note: It is the Defibrillator Coordinator’s responsibility to organise for replacement battery pack and defibrillator pads before they expire <i>Contact the Occupational Health Team for assistance with defibrillator procedures</i> | Comments | Comments | Comments | Comments | Comments | Comments |
| Signature: <i>Print name if different to Defibrillator Coordinator listed above</i> | | | | | | |