

## Defibrillator Maintenance Checklist 6 Month Log

### Physio Control LIFEPAK CR Plus

LIFEPAK CR Plus Serial Number: ..... Defibrillator Coordinator: .....

Defibrillator Location: .....

*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.*

<b>Date</b> Monthly documented check required Refer to <i>Physio Control LIFEPAK CR Plus User Manual</i>	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....	Month/Year: .....
<b>OK</b> symbol is visible in the readiness display <i>Contact the Occupational Health Team if any other symbol is displayed</i>	<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					
CHARGE-PAK battery has not passed expiration date <i>Affix a sticker with expiry date next to the outside of the battery – do not remove battery pack</i>  EXPIRY DATE: .....	<input type="checkbox"/> YES <input type="checkbox"/> NO					
QUICK-PAK electrode 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					
<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>						