



Defibrillator Maintenance Checklist 6 Month Log



ZOLL CPR Plus

ZOLL CPR 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 Health Team.

Date Monthly documented check required Refer to <i>ZOLL CPR 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 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
Battery pack has not passed expiration date <i>Ensure the unit is off before checking batteries Affix a sticker with expiry date to the outside of 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
Defibrillator asset number affixed to unit or cabinet <i>Contact OHS to register asset</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
Note: It is the Defibrillator Coordinator's responsibility to organise for replacement battery pack and defibrillator pads before they expire <i>Contact the 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>						