

Defibrillator Check List

Checklist

Scan me
for defibrillators
& accessories



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Wall bracket/cabinet intact? (no damage or missing parts)												
Device intact? (no damage or missing parts)												
Device passes self-test?												
Replacement battery in date?												
Pads in date and sealed?												
Extra equipment present and intact? (razor,towel, gloves)												

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