



AED Checklist (Defibtech)

Weekly and Monthly Reports

AED Unit

Location	_____
Site Coordinator	_____
AED Model	_____
AED Serial #	_____
Biomed #	_____

Notes:

The Cardiac Safe Community PAD Program will collect this booklet every 6 months.

Attached to this booklet is an envelope where your monthly data retrieval printouts should be placed.

Please ensure that you write the month, and sign each sheet.

Report any problems IMMEDIATELY to the Central East Prehospital Care Program at
1-866-503-2233

If you have any questions, please call Kim Wilkinson at 905-433-4370 or email at
kwilkinson@cepcp.ca.

In Case of AED Use:

- 1) Follow the instructions from the Red folder in the AED cabinet.
- 2) Contact the CEPCP at your earliest convenience.
- 3) Information from the AED will be downloaded by a CEPCP representative or Bio-Medical engineer.
- 4) The AED **must not to be removed** from the building by the paramedics.

Weekly AED Unit Checklist

Checklist					
<u>CHECK AED TO ENSURE OPERATIONAL</u>		If the <i>green light is flashing</i> , the AED is ready to use. No action is required.			
<u>AED NOT OPERATIONAL</u>		If the <i>red light is visible</i> , <i>Contact the CEPCP immediately at 1-866-503-2233.</i>			
#	Week of:	Signature	#	Week of:	Signature
1.			27.		
2.			28.		
3.			29.		
4.			30.		
5.			31.		
6.			32.		
7.			33.		
8.			34.		
9.			35.		
10.			36.		
11.			37.		
12.			38.		
13.			39.		
14.			40.		
15.			41.		
16.			42.		
17.			43.		
18.			44.		
19.			45.		
20.			46.		
21.			47.		
22.			48.		
23.			49.		
24.			50.		
25.			51.		
26.			52.		

If the Self-test fails, report the problem IMMEDIATELY to the Central East Prehospital Care Program at 1-866-503-2233

Monthly AED Unit Checklist

Response Case Checklist	Operational Status Required/Comments	Corrective Actions
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- | | | | | | |
|--|--|------------------------------|--|--|--|
| Door alarms when opened (visual and audible) | | <input type="checkbox"/> Yes | | | |
| | | <input type="checkbox"/> No | | | |
| <hr/> | | | | | |
| Signals monitoring company when AED is removed | | <input type="checkbox"/> Yes | | | |
| | | <input type="checkbox"/> No | | | |
| | | <input type="checkbox"/> N/A | | | |
| <hr/> | | | | | |
| Cardiac Safe Community Red Folder contents: | | <input type="checkbox"/> Yes | | | |
| | | <input type="checkbox"/> No | | | |
| <hr/> | | | | | |
| <ul style="list-style-type: none"> • Incident reports • Post Defibrillation Procedure • 10 CIS Booklets | | | | | |

Checklist	Operational Status	Corrective Actions Required/Comments
<p style="text-align: center;"><u>Defibrillator Unit</u></p> Clean, no spills, clear of objects on top, casing intact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>Cables and Connectors</u></p> a) Inspect for cracks, broken wire, or damage b) Connectors secure and are not damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>AED Unit Supplies</u></p> a) Two sets of pads in sealed packages within expiration date b) Hand towel c) Scissors d) Razor e) Barrier device f) 2 sets of gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>AED Batteries</u></p> a) verify non-rechargeable (long storage life) battery is inserted and within expiration date b) verify that system ready indication indicates READY	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Print name, date and sign below (once/ month)	Print name, date and sign below (once/ month)
1.	2.
3.	4.
5.	6.
7	8.
9.	10.
11.	12.