



AED Checklist

HeartSine 500P

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 once a year.

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 indicator light is flashing “ green ” every 5-10 seconds, the AED is ready to use. No additional action is required.			
<u>AED NOT OPERATIONAL</u>		If the indicator light is flashing “ red ” or the unit is beeping - contact the CEPCP immediately.			
#	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) Yes No

Signals monitoring company
when AED is removed Yes No N/A

Cardiac Safe Community Red
Folder contents: Yes No

- Emergency contacts
- Post Defibrillation Procedure
- 10 CIS Booklets

Checklist	Operational Status	Corrective Actions Required/Comments
<p style="text-align: center;"><u>Defibrillator Unit</u></p> <p>Clean, no spills, clear of objects on top, casing intact</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>Cables and Connectors</u></p> <p>a) Inspect for cracks, broken wire, or damage</p> <p>b) Connectors secure and are not damaged</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>AED Unit Supplies</u></p> <p>a) A second PadPak is available and within expiration date</p> <p>b) Hand towel</p> <p>c) Scissors</p> <p>d) Razor</p> <p>e) Spare battery</p> <p>f) Barrier device with one way valve</p> <p>g) 2 sets of gloves</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><u>PadPak</u></p> <p>a) verify PadPak is inserted and within expiration date</p> <p>b) verify that system ready indication indicates READY</p>	<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.

