Daily Defibrillator Check

TEST DATE: __/__/____
MED EXP DATE: __/__/____

WEEKLY ROUTINE REMINDER:
✓ Complete the Code Cart Checklist document every Monday.

ATTACH 11-7 PACEMAKER TEST STRIP HERE

ATTACH 11-7 MANUAL DEFIB TEST STRIP HERE
ATTACH 11-7 AED TEST STRIP HERE

SHIFT: 11-7  LOCKS: TOP #: _________  BOTTOM #: _________  SIGNATURE: _______________________________ RN*

ATTACH 7-3 MANUAL DEFIB TEST STRIP HERE
ATTACH 7-3 AED TEST STRIP HERE

SHIFT: 7-3  LOCKS: TOP #: _________  BOTTOM #: _________  SIGNATURE: _______________________________ RN*

ATTACH 3-11 MANUAL DEFIB TEST STRIP HERE
ATTACH 3-11 AED TEST STRIP HERE

SHIFT: 3-11  LOCKS: TOP #: _________  BOTTOM #: _________  SIGNATURE: _______________________________ RN*

* Signature verifies external equipment / supplies of code cart intact.

Daily Defibrillator Check

Rev. 5/28/03
WEEKLY ROUTINE REMINDER:
✓ Complete the Code Cart Checklist document every Monday.

* Signature verifies external equipment / supplies of code cart intact.