

Defibrillator Maintenance Checklist 6 Month Log

Mediana HeartOn A15						
Mediana HeartOn A15 Serial Number: Defibrillator Coordinator:						
Defibrillator Location:						
<i>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 Occupational Health Team.</i>						
Date Monthly documented check required Refer to <i>Mediana HeartOn A15 Operator's Manual</i>	Month/Year:	Month/Year:	Month/Year:	Month/Year:	Month/Year:	Month/Year:
Service Indicator shows unit is ready to use <i>Contact the Occupational Health Team if symbol is displayed</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 has not passed expiration date <i>Affix a sticker with expiry date next to the outside of the battery – 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
Electrode 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
Note: It is the Defibrillator Coordinator's responsibility to organise for replacement battery pack and defibrillator pads before they expire <i>Contact the Occupational 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>						