# Daily AED & Crash Cart Checklist

**Zoll M Series Semi-Automatic Automatic External Defibrillator**

To be performed daily Monday-Friday at the start of each shift

<table>
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<th>MONTH</th>
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### 1. Condition:
- Unit clean, no spills. Clear of objects on top, case intact.

| M | T | W | T | F | M | T | W | T | F | M | T | W | T | F | M | T | W | T | F |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### 2. Multi-function pads:
- 1 set pre-connected, 1 spare set

### 3. Multi-function cable and connector:
- Free of cracks, broken wires

### 4. Battery:
- In unit, fully charged

### 5. Disposable supplies:
- A. 2 unexpired sets MFE pads in sealed pouches
- B. Recorder paper
- C. Alcohol wipes
- D. Razors

### 6. Operation checks:
- A. Power on sequence: turn unit to “ON”, 4-beep tone heard
- B. Defibrillator:
  - Connect multi-function cable to test connector, “CHECK PADS” displays
  - Press ANALYZE button, unit charges to 30J
  - Press and hold SHOCK button, “TEST OK” is displayed and printed
- C. Recorder:
  - Check for adequate paper supply
  - Press RECORDER button, recorder runs
  - Press RECORDER again, recorder stops
  - Inspect for record printing

### 7. Check one:
- A. No action required
- B. Minor problem(s) corrected
- C. Disposable supplies replaced
- D. Major problem(s) identified and reported. Unit tagged OUT OF SERVICE

### 8. Drawer Seal #, drawer seal intact
- If seal not intact or seal # has changed, drawers checked and restocked per inventory list (attached).

### 9. Check oxygen (tank level):
- A. Rm 1229 Treatment room Floor 1
- B. Rm 2256 Treatment room Floor 2
- C. Rom 0200 Lab back Hall

### 10. Zoll Stat Pads exp. date

**NURSE INITIAL**