



**ST. JOHN AMBULANCE
DEFIBRILLATOR AFTER USE CHECK LIST**

DATE: _____ **EVENT:** _____

LOCATION: _____

AED PROVIDER RESPONSIBLE FOR DEFIB: _____

Directions: Perform the following checks after defibrillator use. Initial off each item.

CHECK LIST	
Used electrode discarded. Note: If there is a suspected problem with the electrode pads, they are to be forwarded to the Brigade Community Services department at the St. John Council for Ontario for appropriate action along with the foil pouch they were packaged in. These will in turn be forwarded to the AED Medical Director	
Electrodes replaced with new package and are within their expiration date.	
If more than 12 shocks delivered, battery changed as per protocol (if battery re-charging is required).	
Defibrillator rechecked according to Defibrillator Check Sheet.	
CARDIAC ARREST DATA FORWARDED TO MEDICAL DIRECTOR	
AED unit returned to service	