



**ST. JOHN AMBULANCE  
DEFIBRILLATOR CHECK SHEET**

**DATE:** \_\_\_\_\_ **EVENT:** \_\_\_\_\_

Directions: Perform the following inspections & tests at the start of duty, initial off each item and note any corrective actions that were taken on back of form.

CHECK LIST	
Device & storage case clean	
Case is not cracked or damaged	
Cables are not cut, abraded or damaged	
Snap connectors are clean & undamaged	
Two sets of pads in sealed package within expiration date	
Electrode packages in good condition & stored flat	
Two razors in pouch	
Alcohol wipes in pouch	
One towel in case	
One pair of scissors in case	
Two PCR forms	
Battery in defibrillator removed – placed in charger (if re-charging is required)	
Spare battery placed in defibrillator (if battery re-charging is required)	
Battery in charger placed in pouch as spare (if battery re-charging is required)	
Turn unit on to verify self-test okay message appears	
Verify the “Memory” is cleared	
Verify the “Needs Service”, “Low Battery”, or “Service Mandatory” messages do not appear. The “Check Electrodes” message should come on	
Using tester, verify defibrillator recognized V-fib, Normal Sinus Rhythm and Delivers a shock	
Conduct manual self-test – verified OK	
Time set correctly	