

X Series OPERATOR'S SHIFT CHECKLIST

Date: _____ Shift: _____ Location: _____
 Mfr/Model No.: _____ Serial No. or Facility ID No.: _____

At the beginning of each shift, inspect the unit. Indicate whether all requirements have been met.
 Note any corrective actions taken. Sign the form.

	Okay as found	Corrective Action/Remarks
1. Defibrillator Unit		
Clean, no spills, and casing undamaged		
2. Cables/Connectors		
a. Inspect for damaged insulation, frayed/broken wires, or bent connector pins		
b. Connectors engage securely		
3. Sensors (pulse oximetry, NIBP cuff and hose, temperature sensors)		
a. Inspect for signs of damage or excessive wear		
b. Connectors engage securely		
4. Paddles		
a. Clean, not pitted, or damaged.		
b. Switches operate freely		
c. Cables and connectors free of damage and engage securely		
5. Supplies and Accessories		
a. Therapy pads in sealed pouches (2 sets, not expired)		
b. Defib gel or gel pads		
c. ECG monitoring electrodes		
d. Alcohol wipes		
e. Razors/scissors		
f. Recorder paper		
6. Batteries		
a. Fully charged battery installed in unit		
b. Fully charged spare battery available		
7. Ready For Use indicator shows Ready - No flashing or Do Not Use symbol		
8. Operational Checks		
A. Power Up Sequence		
a. Battery charge and AC indicators illuminate with AC power		
b. Audio beeps heard and Visual Alarm indicators briefly illuminate		
c. Self Test passed		
B. Hands Free Defibrillation (Test with only battery power)		
a. CHECK THERAPY ELECTRODES and PADS SHORT DETECTED messages display		
b. Charge time < 7 seconds		
c. DEFIB SHORT TEST passed at 30 Joules		
C. Pacer Test (Test with only battery power)		
a. Printer prints Pace markers every 25 mm at 60 ppm		
b. PACING: SHORT DETECTED message displays-- no error messages at 100 mA		
c. PACING: CHECK THERAPY ELECTRODES message displays		
D. Paddles		
a. APPLY PADDLES TO PATIENT message displays when paddles are connected to MFC		
b. Paddle switches functional (Recorder, Energy Select, Charge, Shock)		
c. DEFIB SHORT TEST passed at 30 Joules		
E. Reconnect Unit to AC Power		
Major problem(s) identified (OUT OF SERVICE)		

Signature _____

