|  |  |
| --- | --- |
| Office/Service/School |  |
| Defibrillator Location |  | Date checked |  |
| Defibrillator Make |  | Checked by name |  |
| Defibrillator Serial No. |  | Checked by signature |  |

|  |  |  |
| --- | --- | --- |
| Defibrillator checks/tests to be undertaken | Guidance/instruction on what you are inspecting and how to test a defibrillator | For each item, please mark as appropriate in each box and sign/date at the bottom of the form.  |
| Defibrillator condition  | * cleanliness (e.g. no dirt)
* no damage
* no contamination
* AED is secure
 |  |
| Is defibrillator in working order? | * check defibrillator is on standby mode - green flashing light indicates ready for use
* red light indicates there is an issue which requires action
 |  |
| Defibrillator functionality testing  | * open defibrillator
* turn on defibrillator
* wait for defibrillator to indicate status
* observe the status indicator change from green to red during power-up self-test.
* wait approximately 5 seconds
* status indicator should return to green
* close/turn off defibrillator
* verify that the status indicator changes from green to red during power down self-test. (approximately 5 seconds)
* verify that the status returns to green
 |  |
| Visual and audio alarm checks | * Listen for voice prompts and check that the display text corresponds to the audio
 |  |
| Check battery indicator | * Is the battery installation date within date?

(check user manual which will outline the recommended change date, usually between 2-5 years depending on model).  |  |
| Sealed electrode pads (adults/ children (where applicable) | * are there two sets of electrode pads? (1 pack is a spare)
* are they sealed?
* are they in date?
 |  |
| Defibrillator peripheral content check  | * absorbent towel
* face wipe
* razor
* tuff cut shears
* disposable gloves
* facemask
 |  |
| Are there any remarks/problems/corrective actions required? | * Please tick box and fill in details on form below
 |  |

**Problems / corrective actions from monthly checks**

|  |  |
| --- | --- |
| *Date* |  |
| *Location / Number* *of Defibrillator* |  |
| *Problems / Corrective Actions* |  |
| *Signed* |  |
| *Name* |  |
| *Date action completed* |  |

Any problems or missing items must be reported to Kenthelpdesk@skanska.co.uk

**If the defibrillator shows a fault, remove from service and report immediately to Skanska**