

C BeneHeart Defibrillator Shift Checklist

Inspect the defibrillator/monitor at the change of every shift. Place a "√" in the "Pass/Fail" box as you check the item , or place a "-" if not applicable. Describe the problem if there is any abnormality.

Equipment Name: _____ Serial Number: _____ Department: _____

| Item | Requirements | Pass/Fail | Description of Abnormality |
|------------------------------|---|-----------|----------------------------|
| Equipment appearance | Clean, no foreign substance, no crack | | |
| Cables/connectors | Cables not frayed, connectors and pins not broken or loose | | |
| ECG cable set and electrodes | Present. Cables not frayed, connectors and pins not broken or loose | | |
| External paddles | Cables not frayed, connectors and pins not broken or loose ,Properly placed in paddle tray and easily removed | | |
| Pads cable and pads | Present, pads cable not damaged, pads not expired. Cables not frayed, connectors and pins not broken or loose | | |
| Batteries | At least one battery installed, battery indicator on | | |
| AC power supply | AC power supply connected, green AC indicator on | | |
| Service indicator | Off | | |
| Recorder paper | Present and sufficient | | |

Checked by: _____

Date: _____