NAVHOSPLEM 6320/405 (02-2012)

DAILY EXTERNAL CRASH CART INSPECTION SHEET CLINIC: MONTH/YEAR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	COMMENTS:
Time of Inspection																																Date:
1. Defibrillator Unit: Clean, clear of objects on top of casing.																																Time:
2. Paddles: Including pediatric adapters *clean not pitted *releases from housing easily *If internal paddles are included, verify their availability in a sterile package. Periodically inspect with external paddles																																Discrepancy: Action Taken:
3. Cables/Connectors: *Inspect for cracks, broken wire, or damage *connectors engage security and are not damaged.																																
4. Supplies: *Two sets of pads in sealed packages with exp. date *monitoring electrodes *alcohol wipes *hand towel *razor *spare ECG paper *spare charged battery avail. *Cassette tape *conductive gel.																																_____ Date: Time:
5. Power Supply: a. Battery powered units: Verify fully charged battery in place, spare charged battery available, follow appropriate battery rotation schedule per manufacturer's recommendations. b. AC battery backup units: Plugged into outlet to maintain battery, test on battery power and reconnect to line power.																																Discrepancy: Action Taken:
6. Indicators/ECG Display: *Power-on display *self-test OK *monitored display function *service message display off *battery charging *correct time displayed.																																_____ Date:
7. ECG Recorder: *Adequate ECG paper *recorder prints																																Time:
8. Change-Display Cycle for Paddle or Adhesive Pad Defibrillation: *Disconnect AC plug battery backup units *change to manufacturer's recommended test energy level *charge indicators working *discharge per manufacturer's instructions *reconnect line power.																																Discrepancy: Action Taken:
9. Pacemaker and Defibrillator: Turn to PACER, rate 150 Press RECORDER button → pulses every 2 large divisions Press 4:1 button → pulses every 8 large divisions PACER OUTPUT to 0 mA → no check pad prompt PACER OUTPUT to 16 mA → check pads prompt and alarm Reconnect multi-function cable to test connector Press Clear Pace Alarm softkey → check pads disappears Connect multifunction cable to test connector Defib energy to 30 Joules, press SHOCK → test OK message appears Paddles in holders, set energy to 30 Joules, press SHOCK → test OK message appears																																_____ Date: Time: Discrepancy: Action Taken:
10. Record PSI from O2 Tank (minimum of 1000 PSI)																																_____ Date:
11. Medication Drawer (expiration date, not elapsed)																																Time:
12. Sharps Container: present and <75% full																																Discrepancy:
13. Backboard, Ambu Bags, and Portable Suction present																																Action Taken:
14. Initial of inspecting staff member.																																
15. Crash cart seal intact-record seal number here.																																