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LIFEPAK® CR2 defibrillator

User checklist

Year:_____ Unit serial number: _____ Location: _____

Month	Jan/Feb				Mar/Apr				May/Jun				Jul/Aug				Sept/Oct				Nov/Dec			
Date																								
Initials																								
Instruction and recommended corrective action																								
Check defibrillator for damage or foreign substances.																								
Verify that the green readiness indicator is flashing.																								
Note use-by date of electrode pads: _____																								
Extra set of electrode pads stored with AED (optional). Note use-by date of electrode pads: _____																								
Resuscitation kit containing: disposable gloves, face mask, trauma scissors and razor stored with AED.																								
Other resuscitation equipment stored with AED:																								

NOTE: If corrective action is needed, leave box unchecked, complete troubleshooting log and notify Adelaide Direct Stationers 8164 5700.

Troubleshooting log

Date/time	Action taken

Signature log

Initials	Print full name

Initials	Print full name

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