



Defibrillator and Cabinet Check Sheet

Name of Site

Name of Person carrying out check:

Date & Time of Check:

| CABINET CHECK: OPEN CABINET to carry out checks | Y/N |
|---|------------|
| Is the power light on top of the cabinet showing as operational? (IF APPROPRIATE) | |
| Do the key pad access keys work? | |
| Is the cabinet internal light working? | |
| Is the thermostat set to the correct temperature and working correctly? (as per manufactures guidelines) | |
| Is there any water or condensation inside the cabinet? | |
| Does the door open and close correctly? | |
| Is there any damage to the cabinet? | |
| DEFIBRILLATOR CHECK: Remove AED before checking | Y/N |
| Is the rescue ready indicator showing as operational (see manufactures guidelines for further information or contact Defibs@eastamb.nhs.uk for further advice) | |
| Is the defibrillator casing clean and free from damage? | |
| Are the AED pads in date? Pad 1 expiry date: Pad 2 expiry date: | |
| Are the Face Towel, Razor, Scissors, Disposable Gloves and Face shield present? | |
| Is the battery indicator showing as operational (as per manufactures guidelines)? | |
| Does the voice prompts start when switching on the AED | |

COMMENTS (if any)

If you have any concerns about your AED, cabinet or equipment please report it to your custodian or contact Defibs@eastamb.nhs.uk

**** This form to be filed and retained by site custodian for governance purposes**