

## INSTRUCTIONS

The Goal is to make sure the AED unit is Rescue Ready and collect all the Pad and Battery expiration data.

To Test the Device:

- Manually Press and Hold the AED's On/Off button for at **least 5 seconds**.
- When the defibrillator successfully completes its automatic self tests, the device displays a green check mark in the status indicator window to show that all tests passed and that it is ready to use.
- If the defibrillator does not display a green check in the status indicator window following the completion of any self-test, the ZOLL AED 3 defibrillator is not ready for use and may be defective.
- **PASSED** or **FAILED** status must be reported in the Inspection form
- IF UNIT FAILED TEST PLEASE email [natalie.depalma@cardiopartners.com](mailto:natalie.depalma@cardiopartners.com) immediately so we can start warranty repair.

AED 3 Manual provided at the end of this document for reference.



Today's Date: \_\_\_\_\_

|                  |  |            |  |  |
|------------------|--|------------|--|--|
| Company Name:    |  | Store #    | Address/ City/ State:                    |  |
| Inspectors Name: |  |            | <u>Current Location for AED Cabinet:</u> |  |
| Manager's Name:  |  | AED Model: | Serial Number:                           |  |
| Managers Phone:  | PHOTO TAKEN?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |            |  |  |

| Check the following  | PASS                     | FAIL                     | Comments   |
|--|--------------------------|--------------------------|------------|
| Is the Status Indicator Green or ready to use?                           | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Is the unit clean, undamaged, and free of excessive wear / cracks?       | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Are electrodes connected to unit?<br>Verify expiration date to the right | <input type="checkbox"/> | <input type="checkbox"/> | Exp. Date: |
| Batteries are connected properly?<br>Verify expiration date to the right | <input type="checkbox"/> | <input type="checkbox"/> | Exp. Date: |
| Is response kit attached or stored next to unit inside cabinet?          | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Cabinet and wall sign were installed according to directions?            | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Cabinet alarm operates correctly?  | <input type="checkbox"/> | <input type="checkbox"/> |            |
| <b>Comments:</b>   |                          |                          |            |
|  |                          |                          |            |
|  |                          |                          |            |

UPLOAD FORM VIA THE CARDIO PARTNERS PORTAL  
 ANY WIFI ISSUES, QUESTIONS OR CONCERNS  
 PLEASE CALL 866-599-2337 ext. 4. or Christian Hernandez @ 214-501-5104