Cordell Medical
8411 Glazebrook Avenue
Richmond VA 23228
804-262-0662

Preventive Maintenance Checklist

A.E.D.

PM Date: _____ Make: _____
Customer: _____ Model: _____
Facility: _____ Serial #: _____
Room: _____ Asset #: _____
Tech: _____

_____ Inspect Battery
_____ Battery Exp. Date (if applicable)
_____ Spare Battery Date (if applicable)

_____ Check Voice Prompts

_____ Inspect Patient Electrodes
_____ Electrodes Exp. Date
_____ Alternate (if applicable)

_____ Simulator Test

_____ Overall General Condition

_____ Suitable Accessibility to Unit

_____ Pass _____ Fail – Requires Service

Technicians Notes: _____
_____
_____

This inspection was performed in accordance with manufacturer specifications.