

Crash Cart Checklist

Month _____ Year _____

Day of Month	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
Defibrillator Check while plugged into the power source																															
Intact seal lock# _____																															
Ambu bag & Masks/tubing																															
O2/ wrench tank/ psi2000																															
Medication Outdates monthly																															
Defibrillator Self Test /200jou																															
Defibrillator pads																															
Pressure Bag																															
Reseal Lock Date (new seal lock #)																															
Recorder Function (extra paper)																															

RN Signature	RN Initials	RN Signature	RN Initials