

Check Sheet Trolley Check Sheet

Area _____

Date	Defibrillator ready for use	O ₂ cylinder > 50% full	Seal number	Initial
All contents correct, clean and in date? (name)			DAILY	CHECK

Date	Defibrillator ready for use	O ₂ cylinder > 50% full	Seal number	Initial
All contents correct, clean and in date? (name)				CHECK

Date	Defibrillator ready for use	O ₂ cylinder > 50% full	Seal number	Initial
All contents correct, clean and in date? (name)			DAILY	CHECK

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