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Ad u	ılt En	ner	gend	y Tre	olley	Che	cklis	t (V	Vith	Pa	ed	Bas	sic /	Air	way	Tra	ay a	& В	VM)					Month	Year	Location
(Defib type: Zoll AED 3)	Time (MUST be day shift)	Whole Trolley Gean	Portable suction checked/ready to use	Defibrillator inspected, Green tick present on indicator	1x sealed set pads (connected to device)	1 × Spare set pads	Oxygen >3/4full Valve left O N/Flowmeter to ZERO	BVM	Bougie/Introducer (loose item)	Spare Yankeur Sucker	Suction Tubing (Spare sealed pack)	Size 3 mask	Size 4 mask	Non rebreath mask	Suction Catheters	Sharps Bin	Gloves	Basic Airway Tray	IV Access Tray	Advanced Airway Tray	Blue Drugs Box	Red Drugs Box (if applicable)	Paediatric Basic Airway & BVM	Missing/Expired Items Replaced	Initial	NOTE: annota following routi	nt Name / Comments te here if any equipment is replace ne check or emergency and re-sign I im tratley is reach for use
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CHECK MUST BE PERFORMED AFTER 0730hrs DAILY

(Additional forms available through resuscitation service website, Look under 'R' on the intranet directory and follow the links to 'equipment').

Please print a new form each month (do not stockpile - forms are updated regularly)

Resuscitation Service - updated Dec 2020

