

Appendix T

Emergency Equipment Maintenance Log

Date of most recent maintenance check: _____

Date due for next maintenance check: _____

1. Defibrillator

◦ Batteries replaced: _____

2. Electrocardiographic monitor: _____

3. Oxygen tank: _____

4. Suction apparatus: _____

Maintenance problems noted: Date corrected: _____

1. _____

2. _____

3. _____

Other: _____

Program director notified (yes/no) Date corrected: _____

1. _____

2. _____

3. _____

Other: _____