

DC DEFIBRILLATOR INSPECTION RECORD

For use of this form, see TB 38-750-2; the proponent agency is OTSG.

HOSPITAL/AREA/LOCATION:

MFR:	MDL:	SERIAL:	ECN:
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VISUAL INSPECTION

	PASS	DESCRIPTION OF ACTION NEEDED	DATE ACTION COMPLETED (YYYYMMDD)
1. GENERAL INSTRUMENT CONDITION			
2. ATTACHMENT PLUG			
3. LINE CORD AND STRAIN RELIEFS			
4. PADDLE, CABLES & CONNECTORS			
5. CONTROLS, INDICATORS & METERS			

PERFORMANCE TESTS

6. OUTPUT ENERGY *(Enter Values in Watt-Seconds)*

CONTROL SETTING	ENERGY DELIVERED	PREVIOUS VALUE	CHANGE	
7. CHARGE TIME AT MAXIMUM ENERGY SETTING:	SEC	PREVIOUS VALUE:	SEC	
8. INTERNAL DISCHARGE FUNCTION				
9. ENERGY DELIVERED AFTER 1 MINUTE AT MAXIMUM SETTING:			W-SEC	
10. OUTPUT OF TENTH REPEATED DISCHARGE:			W-SEC	
11. SYNCHRONIZED OPERATION				
12. OTHER FEATURES <i>(Specify)</i>				

CERTIFICATION

<input type="checkbox"/> FULL CERTIFICATION WITH LABEL ATTACHED		<input type="checkbox"/> PROVISIONAL CERTIFICATION WORK ORDER #:	
DATE INSPECTED (YYYYMMDD)	NEXT INSPECTION DUE (YYYYMMDD)		
INSPECTED BY: <i>(Print or Type)</i>	GRADE/RANK:	SIGNATURE	

INSTRUCTIONS FOR COMPLETING DA FORM 5624-R

HOSPITAL/AREA/LOCATION: Self explanatory.

MFR: Name of manufacturer.

MDL: Use the manufacturer's generic model identification rather than a catalog number.

SERIAL #: The serial number of the defibrillator.

ESN: Equipment Control Number or locally assigned index number.

VISUAL INSPECTION (Items 1 thru 5)

PASS: Visually inspect each of the listed areas and indicate whether they pass with no required action. Enter either YES (Y) or NO (N).

DESCRIPTION OF ACTION NEEDED: Briefly indicate what action is required e.g., replace paddle plates, replace line cord.

DATE ACTION COMPLETED: The date a maintenance work order was completed.

PERFORMANCE TESTS

NOTE: PERFORMANCE TEST WILL BE MADE AFTER THE BATTERIES HAVE BEEN SERVICED.

6. OUTPUT ENERGY.

CONTROL SETTINGS: Indicate the output energy settings available through operator control settings. If more settings are available than space provided, use an equal sampling of low, medium, and high settings.

ENERGY DELIVERED: Indicate the actual delivered energy when measured with calibrated TMDE.

PREVIOUS VALUE: Indicate the "ENERGY DELIVERED" values from the previously filed performance test.

CHANGE: Subtract the "ENERGY DELIVERED" from the "PREVIOUS VALUE." The result can be a negative number.

7. CHARGE TIME: The time it takes to charge to the maximum energy setting.

PREVIOUS VALUE: Taken from the previously filed performance test.

8. INTERNAL DISCHARGE FUNCTION: Self explanatory.

9. ENERGY DELIVERED AFTER 1 MINUTE: Self explanatory.

10. TENTH REPEATED DISCHARGE: Self explanatory.

11. SYNCHRONIZED OPERATION: Self explanatory.

12. OTHER FEATURES: Test other special features.

CERTIFICATION

FULL/PROVISIONAL CERTIFICATION: Check one of the boxes.

Full Certification: Unit meets all the manufacturer's specifications.

Provisional Certification: Unit may remain in use and can be used safely but repairs are required (a work order is required when this block is checked).

DATE INSPECTED: The date a maintenance work order was completed.

NEXT INSPECTION DUE: Self explanatory.

INSPECTED BY: Name of the technician performing the test.

SIGNATURE: Signature of the technician performing the test.