

## 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: |
|------|------|---------|------|

### VISUAL INSPECTION

|                                  | PASS | DESCRIPTION OF ACTION NEEDED | DATE ACTION COMPLETED<br>(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 *(Specify)*

### 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.