

# UNIVERSITY OF TOLEDO

SUBJECT: DEFIBRILLATOR TEST

Procedure No: ME-08-005

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## PROCEDURE STATEMENT

It is the responsibility of the user department or area to perform the weekly testing of its defibrillator.

## PURPOSE OF PROCEDURE

To promote better understanding and familiarization of the equipment as well as ensure patient/employee safety.

## PROCEDURE

Weekly operational testing of cardioscope/recorders - defibrillators is the responsibility of nursing and ancillary personnel in their respective areas. Records will be maintained in the user department for a minimum of 12 months and test logs will be completed in their entirety. See attached sample checklist for reference.

Review/Revision Date: 1/15/82

Source: UT Safety & Health Committee

Effective Date: 2/13/02

5/26/05

10/14/08

6/28/10

6/24/13

3/8/16

1/10/19