

# MCLAREN FLINT CRASH CART CHECKLIST

Month and Year \_\_\_\_\_

Unit \_\_\_\_\_

Crash Cart Checklist must be completed and signed once each business day the unit is open.

Date	Medication Lock Number	Supply Lock Number	02 Tank Ready for Use- <b>Green Zone</b>	Expiration Stickers	Electrodes Defib Pads Code Sheets	Defib Plugged in to <b>RED</b> Outlet	<b>Daily</b> Defibrillator Check	<b>Weekly</b> Manual Zoll Defib Check	SIGNATURE (Write "CLOSED" if depart closed that day)
<i>Example</i>	48532	19875	√	√	√	√	√	1/1/21	N. Nurse RN
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Re-lock the Crash Cart with the red lock provided in drawer and send to Cart Distribution for a new cart.  
If the defibrillator is not working appropriately contact Clinical Engineering @ 24300.