



บริษัท โขวิทย์ จำกัด
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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Automated External Defibrillator (AED)** MANUFACTURE **Zoll** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

| Action | Pass | Fail | Remark |
|---|------|------|----------------|
| Visual Inspection | | | |
| Connect AED to Analyzer and Select Vfib ECG Waveform. Turn on the AED unit: | | | |
| Press the Treatment button (First Shock) | | | Joules. |
| Press the Treatment button (Second Shock) | | | Joules. |
| Press the Treatment button (Third Shock) | | | Joules. |
| Set the Analyzer to NSR (Normal Sinus Rhythm) | | | |
| Turn off AED Unit. | | | |
| Cleaning | | | |

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service