

**Olive View – UCLA Medical Center  
EMERGENCY (CRASH CART) EQUIPMENT CHECK LOG**

MONTH/YEAR \_\_\_\_\_ WARD/UNIT \_\_\_\_\_ Quarterly Operational ✓ (performed by Facilities-Biomedical Department)

ATTACHMENT III

Date	Time	Portable suction available & working/ Intubation Tray	Arrest Board /Sharp Container	Ambu Bag with Mask	Last 3 digits of Lock No.	Green check on defibrillator (plugged)	Hands –free pads present & attached to appropriate cable	O2 cylinder PSI >1000	Weekly Test load (unplugged 1 <sup>st</sup> , then plugged) shock test Joules delivered (once on Mondays)		1 <sup>st</sup> expired medication date	1 <sup>st</sup> expired supply date	Signature/ Comment
									Unplugged 30J	Plugged 30J			
<i>Ex.</i>		✓	✓	✓	000	✓	✓	✓	<i>Unplugged 30J</i>	<i>Plugged 30J</i>	<i>6/09</i>	<i>6/09</i>	<i>J Doe</i>
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