EMERGENCY EQUIPMENT AUDIT CHECKLIST

**Department/Unit:** _____

**Date of Audit:** _____

**Auditor Name & Title:** _____

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## 1. Documentation of Practice

| Item | Yes | No | N/A | Comments |
|---|---|---|---|---|
| a. Is there a documented procedure for checking the emergency bag? | ☐ | ☐ | ☐ | |
| b. Is there a documented procedure for checking the emergency trolley? | ☐ | ☐ | ☐ | |
| c. Is the procedure for checking the defibrillator/AED clearly outlined? | ☐ | ☐ | ☐ | |
| d. Is the procedure accessible to relevant staff? | ☐ | ☐ | ☐ | |

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## 2. Verification of Practice

| Item | Yes | No | N/A | Comments |
|---|---|---|---|---|
| a. Are checks being carried out as per the documented procedure? | ☐ | ☐ | ☐ | |
| b. Are all sections of the emergency equipment being checked (bag, trolley, AED)? | ☐ | ☐ | ☐ | |
| c. Is the staff performing the checks appropriately trained? | ☐ | ☐ | ☐ | |
| d. Is there a verification/sign-off process in place? | ☐ | ☐ | ☐ | |

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## 3. Record Review (Previous Month)

| Item | Yes | No | N/A | Comments |
|---|---|---|---|---|
| a. Are records of equipment checks available for the past month? | ☐ | ☐ | ☐ | |
| b. Do the records include dates and times of checks? | ☐ | ☐ | ☐ | |
| c. Are the names of responsible staff included? | ☐ | ☐ | ☐ | |
| d. Were any issues documented and appropriately followed up? | ☐ | ☐ | ☐ | |

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## 4. AED (Automated External Defibrillator)

| Item | Yes | No | N/A | Comments |
|---|---|---|---|---|
| a. Is the AED part of the regular internal checks? | ☐ | ☐ | ☐ | |
| b. Is the AED locked and serviced externally (e.g., online service centre)? | ☐ | ☐ | ☐ | |
| c. If yes, was documentation from the service provider obtained for the previous month? | ☐ | ☐ | ☐ | |

| Item | Yes | No | N/A | Comments |
|---|---|---|---|---|
| d. Does the documentation confirm that the AED was operational and properly maintained? | ☐ | ☐ | ☐ | |

## Overall Comments & Observations:

**Auditor Signature:** _____

**Date:** _____