

Ward Mangers counter signature for the adult cardiac arrest trolley/grab bag/defibrillator checklist.

A box must be signed on a weekly basis by the Ward Manager to ensure the adult cardiac arrest trolley/grab bag/defibrillator complies with the CPR Procedure (CORP/PRC/083).

Ward/Department	Month.	
	Week 1	
Ward Managers Name (Please Print)	Signature	Date
	Week 2	
Ward Managers Name (Please Print)	Signature	Date
	Week 3	
Ward Managers Name (Please Print)	Signature	Date
	Week 4	
Ward Managers Name (Please Print)	Signature	Date
	Week 5	
Ward Managers Name (Please Print)	Signature	Date