

AED Monthly Inspection Checklist

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|--------------------------|---------------------------------------|---|------------------|
| Location: | Year: | Model: | Unit Serial No.: |
| Battery Expiration Date: | Adult Electrode Pads Expiration Date: | Pediatric Electrode Pads Expiration Date: | |

Direction: Initial and date each check performed. List any deficiencies & corrective actions taken below.

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Is the unit stored in proper location? | | | | | | | | | | | | |
| Is green check (✓) in or green light indicator on? | | | | | | | | | | | | |
| Is the unit clean, undamaged and free of excess wear | | | | | | | | | | | | |
| Are the adult electrodes pads not expired? | | | | | | | | | | | | |
| Are the pediatric electrodes pads not expired. | | | | | | | | | | | | |
| Is the battery current? | | | | | | | | | | | | |
| Are the electrodes pre-connected to the unit and are sealed in their package? | | | | | | | | | | | | |
| Is the response kit available and all supplies are in the kit (razor, scissors, gloves, etc.)? | | | | | | | | | | | | |
| Are all cables undamaged? | | | | | | | | | | | | |
| Turn the AED on and off to verify function. The green light or check (✓) should remain lit in the status indicator window. | | | | | | | | | | | | |

Corrective Actions Required/Completed:

| Date | Name | Deficiencies | Corrective Action |
|------|------|--------------|-------------------|
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