

Check box if information has changed

AED - MONTHLY DEPARTMENTAL INSPECTION CHECKLIST

DATE: _____

INSPECTED BY: _____

DEPARTMENT: _____

LOCATION: _____

AED SERIAL NO. _____



Green indicator light on -or system check successful	YES	NO			
AED location is free of obstruction/s	YES	NO			
1st adult pads available	YES	NO			
1st adult pads - Expiration Date					
2nd adult pads available	YES	NO	N/A		
2nd adult pads - Expiration Date			N/A		
Pediatric pads available	YES	NO	N/A		
Pediatric pads - Expiration Date			N/A		
Battery life indicator (Cardiac Science only)	0%	25%	50%	75%	100%
AED is not beeping	YES	NO			
AED shows no indication it needs servicing	YES	NO			
1st aid kit includes; razor, gloves, CPR mask, antiseptic towelettes, & scissors	YES	NO			
Emergency postings are present and visible	YES	NO			
AED Program is available	YES	NO			
Inspection documentation is available and current	YES	NO			