AED MAINTENANCE CHECKLIST – MONTHLY CHECKS

To be completed every month and when taken out for an event. For each item, please mark (\checkmark) the box and sign at the bottom if any problems are identified they should be reported to your Manager.

AED LOCATION:			MODEL / SERIA	L NUMBER:	
Automatic exter	nal defibrillator mo	nthly m	aintenance che	cklist	
MONTH:			k during review		Comments
The wall signage is clearly visible and intact.					
Is the unit clean, undamaged, and free of excessive wear?					
Are there any cracks or loose parts in the housing?					
Verify electrodes are connected to the AED and sealed in their package. Replace if expired.					
Are all cables free of cracks, cuts, and exposed or broken wires?					
Turn the AED on and off and verify the check indicator light shows ready for use.					
Batteries within the expiration date. Replace if expired.*					
Check for adequa					
*Use only the AEI pads.) manufacturer's reco	mmended	d batteries and		
If the	e AED shows a fault, re	move it f	rom service and r	eport immedi	ately to your Manager
Date:					
Problems / Correct Actions:	ctive				
Signed:					



