

AED MAINTENANCE CHECKLIST

INSPECTION TYPE Monthly Post Use

FACILITY/Office: _____ LOCATION: _____

DATE: _____ INSPECTOR: _____

| AED Tracking # | STATUS S/U | COMMENTS |
|--|---------------|----------|
| AED Clean, no dirt or contamination; No signs of damage | | |
| Electrode Pads 2 sets Adult –within expiration dates | | |
| Adapters Pediatric Key Adapter (in designated locations) | | |
| Battery Installed Battery – within expiration date | | |
| SERVICE INDICATOR LIGHTS Normal Green | | |
| SUPPLIES Red Equipment Bag 2 Pair Exam Gloves 1 5"x9" Gauze Pad | | |
| AED CABINET Clean, no dirt or damage, locking system works properly, Cabinet properly labeled. | | |

STATUS S - SATISFACTORY
 U – UNSATISFACTORY*

****IF ANY ITEM CHECKED IS UNSATISFACTORY IMMEDIATELY NOTIFY THE FACILITY AED COORDINATOR OR DESIGNEE TO PERFORM MAINTENANCE OR REPAIR***

Distribution: Original - AED Coordinator (Retain For 3 Years)
 Copy – DSA/Bureau Chief