**AED – Automated External Defibrillator**

**Maintenance Checklist**

Rating, Corrective Action to Be:

**√** (adequate) **X** (expired/missing items) **B** (battery needs replacement)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CRITERIA** | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
| **AED** |  |  |  |  |  |  |  |  |  |  |  |  |
| Placement visible, unobstructed & near a phone (if possible) |  |  |  |  |  |  |  |  |  |  |  |  |
| Verify AED battery expiration date and battery installation. MFG date:  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check the status/service indicator light (Green – ok, Red – Problem)  |  |  |  |  |  |  |  |  |  |  |  |  |
| Verify absence of visual/audible service alarm |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean, no dirt or contamination, no damage present |  |  |  |  |  |  |  |  |  |  |  |  |
| **SUPPLIES** |  |  |  |  |  |  |  |  |  |  |  |  |
| One set of Adult AED pads |  |  |  |  |  |  |  |  |  |  |  |  |
| One set of pediatric pads |  |  |  |  |  |  |  |  |  |  |  |  |
| Check expiry date on pad packages Adult: Pediatric:  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pocket mask with one way valve |  |  |  |  |  |  |  |  |  |  |  |  |
| Examination gloves |  |  |  |  |  |  |  |  |  |  |  |  |
| Scissors |  |  |  |  |  |  |  |  |  |  |  |  |
| Razors |  |  |  |  |  |  |  |  |  |  |  |  |
| Absorbent gauze or hand towels  |  |  |  |  |  |  |  |  |  |  |  |  |

****DEFIB MONTHLY CHECK RECORD

WHN

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| --- | --- | --- | --- |
| **Date/Month** | **Checked** | **Name** | **Signature** |
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