

## AED Monthly AED Monitoring Checklist

Location: \_\_\_\_\_

Year: \_\_\_\_\_

Unit Serial #: \_\_\_\_\_

Battery/Electrode Packet Expiration Date: \_\_\_\_\_

Directions: [Insert date]. Initial each check performed and any corrective action to assure readiness. Record initials and signature below. Please add the months based on your organization's calendar.

ACTION	MONTH											
1. AED stored in appropriate location												
2. Examine the AED case for foreign substances or damage												
3. Check for proper installation and expiration date on Charge-Pak battery												
4. Check for proper installation and expiration date on adult electrode pads												
5. Verify that voice prompt begins (hold the on/off button for 2 secs. to turn off defibrillator)												
6. Verify that the "OK" symbol is visible in the readiness display												
7. Adult/child electrode pack expiration date:												
8. User's Guide												
9. Mouth Barrier Device												
10. Razor												
11. Scissors for clothing removal												
12. Non-latex gloves												
13. Towels												
14. AED Incident Report Form												

Corrective Actions Required/Completed:

Date	Details	Initials

Date of Annual Program Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

