



AED Monthly Monitoring Checklist

This is a general checklist. Please customize based on your specific AED model.

Location: _____

Year: _____

Battery/Electrode Packet Expiration Date: _____

Unit Serial #: _____

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 expiration date on battery										
4. Check expiration dates on adult & child electrode pads (do not open packages)										
5. Check the readiness display for: <ul style="list-style-type: none">• Insert specific characteristics of AED• Example: Green check mark indicator										
6. Check additional supplies: <ul style="list-style-type: none">• Extra pads• Mouth barrier device• Scissors (for clothing removal)• Razor• Non-latex gloves										
7. AED Incident Report Form										

Corrective Actions Required/Completed:

Date	Details	Initials

Date of Annual Program Review: _____

Signature: _____

Initials: _____ Signature: _____

Initials: _____ Signature: _____