



AED Location:			Person Responsible for AED Maintenance										
AED Make/Model:				Name:									
Unit Serial Number:				Job Title/Position:									
Date AED Put into Service:				Telephone: Email:									
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Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Date													
Initials													
Instruction & Recommended Corrective Action													
Check AED readiness display for:													
*Insert specific characteristics of AED unit.													
*Example: Green indicator light is flashing													
Check the AED cabinet.													
 Cabinet is visible & not obstructed. 													
 Cabinet door opens & closes easily. 													
• Cabinet alarm sounds when door is open (if applicable).													
Check the AED for damage, cracks, foreign substances.													
Note the date battery was installed/replaced.													
Battery installed on:													
*Note AED batteries are replaced every years													
depending on manufacturer's recommendations													
Note expiration date of electrode pads.													
Adult:													
Child (if applicable):													
Check AED response kit.													
It should contain scissors, gloves, shaving razor, gauze pad,													
mask.													
Verify CDD contification is surrout for at locations													
Verify CPR certification is current for at least one person													
at your facility.													
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AED Maintenance Monthly Checklist Refer to your AED manufacturer's maintenance recommendations.



Troubleshooting Log

Date/Time	Your First and Last Name	Action Taken/Comments