

AED Maintenance Monthly Checklist Refer to your AED manufacturer's maintenance recommendations.



Organization Name:		Person Responsible for AED Maintenance			
Address where AED is Located:		Name:			
Location of AED:		Job Title/Position:			
AED Make/Model:	Unit Serial Number:	Office Phone:	Cell Phone:		
Date AED Put into Service:		Email:			

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date				-	_				-			
Initials												
Instruction & Recommended Corrective Action												
Check AED readiness display.												
*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 CPR certification is current for at least one person												
at your facility.												



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Troubleshooting Log

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