

AED Monthly Maintenance Checklist

Refer to your AED manufacturer's maintenance recommendations

School/Location: _____

SY: 20____/____

Defibrillator Unit Make/Model: _____

Unit Serial Number: _____

***AED Unit Batteries are replaced every (X) years depending on your AED manufacturer's recommendations**

Instruction	Recommended / Corrective Action	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug
1. Check readiness display for: *Insert specific characteristics of school AED unit * <u>Example:</u> Green check mark indicator													
2. Check and note expiration date on electrode pads: *Adult: *Peds (if applicable):													
3. Check additional supplies: *Extra Adult Electrodes *Pouch: scissors, blob (mask), razor, gloves, antiseptic towelette	Replenish as needed												
4. Examine the AED, case, cables and connectors for: *Damage or Cracks *Foreign Substances	<i>*Example: Contact authorized service provider Clean the device with soap and damp cloth</i>												
5. Wall cabinet: *Case is intact, no tampering has been noted *Alarm battery (if applicable)	<i>*Example: 9-volt battery to be changed annually in June, prior to the end of school year by custodial staff</i>												

AED Maintenance Inspectors:

Name / Initials _____

Name / Initials _____