

Automated External Defibrillator Maintenance Checklist

Location _____

Criteria Status AED	JUL _____	AUG _____	SEP _____	OCT _____	NOV _____	DEC _____	COMMENTS CORRECTIVE ACTION
Placement visible, unobstructed and near phone							
Verify battery installation							
Check the status/ service indicator light							
Note absence of visual/ audible service alarm							
Inspect exterior components and sockets for cracks							

Supplies							
Two sets of AED pads in sealed package							
EXP DATE							
Pocket mask with one-way valve							
Examination gloves							
Razors							
INSPECTION PERFORMED BY							

INITIAL	SIGNATURE

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Location _____

Criteria Status AED	JAN _____	FEB _____	MAR _____	APR _____	MAY _____	JUN _____	COMMENTS CORRECTIVE ACTION
Placement visible, unobstructed and near phone							
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Pocket mask with one-way valve							
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