

AED Monthly Inspection Checklist



Serial Number: _____

Date: _____

AED

Pass

Comments/Corrective Action

Location: accessible/near phone		
Case		
Battery		
On/Off Test		
Adult Pads (Exp date)		
Child Pads (Exp date)		

Accessories

Pass

Comments/Corrective Action

User Guide		
Mask/Barrier		
Razor		
Scissors		
Non-latex gloves		
Towels		
Incident report forms		

Inspector: _____

Signature: _____