**AED Monthly AED Monitoring Checklist**

Location: Year:

Unit Serial #: \_\_\_\_\_\_ Battery/Electrode Packet Expiration Date: \_\_\_\_\_\_\_\_\_\_

Directions: [Insert date]. Initial each check performed and any corrective action to assure readiness. Record initials and signature below. Please add the months based on your organization’s calendar.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTION** | **MONTH** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| 1. AED stored in appropriate location |  |  |  |  |  |  |  |  |  |  |
| 2. Examine the AED case for foreign substances or damage |  |  |  |  |  |  |  |  |  |  |
| 3. Check for proper installation and expiration date on Charge-Pak battery |  |  |  |  |  |  |  |  |  |  |
| 4. Check for proper installation and expiration date on adult electrode pads |  |  |  |  |  |  |  |  |  |  |
| 5. Verify that voice prompt begins (hold the on/off button for 2 secs. to turn off defibrillator) |  |  |  |  |  |  |  |  |  |  |
| 6. Verify that the “OK” symbol is visible in the readiness display |  |  |  |  |  |  |  |  |  |  |
| 7. Adult/child electrode pack expiration date: |  |  |  |  |  |  |  |  |  |  |
| 8. User’s Guide |  |  |  |  |  |  |  |  |  |  |
| 9. Mouth Barrier Device |  |  |  |  |  |  |  |  |  |  |
| 10. Razor |  |  |  |  |  |  |  |  |  |  |
| 11. Scissors for clothing removal |  |  |  |  |  |  |  |  |  |  |
| 12. Non-latex gloves |  |  |  |  |  |  |  |  |  |  |
| 13. Towels |  |  |  |  |  |  |  |  |  |  |
| 14. AED Incident Report Form |  |  |  |  |  |  |  |  |  |  |

Corrective Actions Required/Completed:

|  |  |  |
| --- | --- | --- |
| **Date** | **Details** | **Initials** |
|  |  |  |
|  |  |  |

Date of Annual Program Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials:\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials:\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_