

Automated Electronic Deliberator—AED CHECKLIST

Year

AED MONTHLY INSPECTION:

Storage requirements

AED shall be kept in its protective case and located within the AED cabinet. The AED cabinet location shall be identified by signage and have an unobstructed path of access. The AED shall always have a plugged-in set of sealed electrode pads and battery with indicator light in a ready state (green or yellow). A secondary/backup set of sealed electrode pads shall be kept in the AED case pocket. A kit of supplies shall be kept with/attached to the AED case (razor, scissors, gloves, pocket mask, etc). Any problems or missing items must be reported to the site Safety Coordinator and the Risk & Safety Services.

If the AED shows a fault, remove from service and report immediately to the Safety Coordinator and Risk & Safety Services
Safety Coordinator keep copy for Record Maintenance

DEFIBRILLATOR LOCATION:													
Monthly Inspection Items:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Defibrillator storage – identified by sign, AED kept in cabinet & in protective case. Unobstructed access to retrieve AED. Storage cabinet alarm—alarm should sound/flash when AED removed from cabinet hooks.													
Defibrillator battery – check battery life by indicator light: Green = good battery and ready state; Yellow = intermediate battery life & ready state. RED = dead battery NOT functional.													
Defibrillator condition – open the AED case, no damage/contamination open the AED front flap – sound/instructions voice should start electrode pads should be plugged-in & not expired – check electrode pad expiration date													
Defibrillator case – check/unzip side pocket, secondary/backup electrode pads shall be available and not expired. Kit of supplies attached w/razor, scissors, gloves, mask, etc.													
Optional: Check infant/child pads are sealed and not expired, if available at site													
Inspected by:													
Remarks/problems/corrective actions: Please tick box and fill in details on subsequent page. Notify and return form to: Safety Coordinator													



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Problems / corrective actions from monthly checks

Please send to Safety Coordinator for Record Maintenance

Date	
Location of Defibrillator	
Problems / Corrective Actions	
Signed	