AED MONTHLY INSPECTION CHECKLIST													
AED Brand: _____ AED Serial #: _____ Bldg: _____ Floor: _____	Year: _____	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Instruction	**Corrective Action**	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
1. Check alarm on cabinet if equipped	No alarm, check 9V battery and call EHS to replace battery												
2. Examine AED Case for: a. Foreign substances b. Damage or cracks c. Ensure the readiness light display says "OK"	Damage to AED or readiness display, see troubleshooting												
3. AED must be equipped with two adult electrodes. Provide electrode pad expiration dates: Electrode Pad #1_____ Electrode Pad #2_____	If dates are expired, contact EH&S for replacement @ 4-2100												
4. AED must be equipped with 2 batteries. Provide expiration dates: Battery in AED: _____ Spare Battery: _____	If battery is not present or needs replacing, contact EH&S @ 4-2100												
Resuscitation Supplies must be attached to AED unit and accounted for (see below for list).	If missing contact EH&S @ 4-2100												
Resuscitation Supplies: CPR masks, gloves, scissors, 1-absorbant dry towel, alcohol wipes, 1-equipment towel, 1-biohazard bag													
Readiness Display - Troubleshooting - Additional Space on reverse if needed													