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| **AED MONTHLY INSPECTION CHECKLIST** |
| **AED Serial #: \_\_\_\_\_\_\_\_\_\_****Bldg: \_\_\_\_\_\_\_\_\_ Floor: \_\_\_\_\_** | **Year: \_\_\_\_\_\_** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **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 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Examine AED Case for:
	1. Foreign substances
	2. Damage or cracks
	3. Ensure the readiness light display says “OK”
 | Damage to AED or readiness display, see troubleshooting |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. 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 @ 4-3583 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. 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 @ 4-3583 |  |  |  |  |  |  |  |  |  |  |  |  |
| Resuscitation Supplies must be attached to AED unit and accounted for (see below for list).  | If missing contact EH&S @ 4-3583 |  |  |  |  |  |  |  |  |  |  |  |  |
| **Resuscitation Supplies: 2-CPR masks, 4-pair of gloves, 1-heavy duty scissors, 1-razor, 1-absorbant dry towel, 2-alcohol wipes, 1-equipment towel, 1-biohazard bag** |
| Readiness Display - Troubleshooting |
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