



Automated External Defibrillator Maintenance Checklist

Agency _____ AED Location _____
 Mfr/Model #: _____ Serial #: _____
 Year covered by this checklist: _____

Should there be any discrepancies that are not corrected during your inspection, notify your AED Program Director immediately.
 Once your daily/monthly check has been completed, place the date and your initials in the appropriate month column below.

Daily Check (optional)	Month	Day	Initials
AED	Jan	_____	_____
<i>Audible inspection</i>	Feb	_____	_____
Absence of audible alarm from AED	Mar	_____	_____
<i>Visual inspection</i>	Apr	_____	_____
In proper location	May	_____	_____
Visible and unobstructed	June	_____	_____
Phone nearby is functional	July	_____	_____
AED operational steps are on wall or on unit	Aug	_____	_____
<i>Manipulative inspection</i>	Sept	_____	_____
No signs of damage	Oct	_____	_____
Body of AED	Nov	_____	_____
Cables	Dec	_____	_____
Verify battery installation			
Status light indicates readiness			
Supplies			
Adult electrodes			
Two sets are present			
One set plugged in if appropriate			
One set in reserve			
In sealed package			
Not expired			
Pediatric electrodes (optional)			
One set is present			
In sealed package			
Not expired			
Pediatric key (optional)			
Key is present and easily located			
Spare battery (if required)			
Is easily accessible			
Not expired			
Pocket Mask			
In usable condition			
With one way valve or filter			
Examination gloves			
Razor			
Absorbent gauze or hand towels			
Medical or EMT scissors			

Monthly Check (or) After Use Check

AED

Audible inspection

Absence of audible alarm from AED

Visual inspection

In proper location

Visible and unobstructed

AED operational steps are on wall or on unit

Manipulative inspection

No signs of damage

Body of AED

Cables

Verify battery installation

Status light indicates readiness

Supplies

Adult electrodes

Two sets are present

One set plugged in if appropriate

One set in reserve

In sealed package

Not expired

Pediatric electrodes (optional)

One set is present

In sealed package

Not expired

Pediatric key (optional)

Key is present and easily located

Pocket Mask

In usable condition

With one way valve or filter

Examination gloves

Razor

Absorbent gauze or hand towels

Medical or EMT scissors

Functional Check

Remove then replace battery checking expiration date

Turn unit on

Unit completes the self check without announcing any unit malfunctions

Turn unit off, unit status indicator should indicate readiness

Cabinet check

Audible inspection

Absence of audible alarm from AED

Cabinet's audible alarm sounds when cabinet is opened

Visual inspection

Cabinet's visual alarm operates when cabinet is opened

Annual Summary

All required daily and/or monthly checks have been completed this year.

Signature of AED Program Coordinator

This generic checklist exceeds the recommendations of the American Heart Association and is designed for use in the state of California. Refer to your manufacturer's User's Manual for any additional information and annual maintenance procedures.