AED Maintenance Monthly Checklist

Refer to your AED manufacturer's maintenance recommendations.

Organization Name:	**Person Responsible for AED Maintenance**
Address where AED is Located:	**Name:**
Location of AED:	**Job Title/Position:**
AED Make/Model: **Unit Serial Number:**	**Office Phone:** **Cell Phone:**
Date AED Put into Service:	**Email:**

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date												
Initials												
Instruction & Recommended Corrective Action												
Check AED readiness display. *Insert specific characteristics of AED unit. *Example: Green indicator light is flashing												
Check the AED cabinet. • Cabinet is visible & not obstructed. • Cabinet door opens & closes easily. • Cabinet alarm sounds when door is open (if applicable).												
Check the AED for damage, cracks, foreign substances.												
Note the date battery was installed/replaced. Battery installed on: _____ *Note AED batteries are replaced every __ years depending on manufacturer's recommendations												
Note expiration date of electrode pads. Adult: Child (if applicable):												
Check AED response kit. It should contain scissors, gloves, shaving razor, gauze pad, mask.												
Verify CPR certification is current for at least one person at your facility.												

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Troubleshooting Log

Date/Time	Your First and Last Name	Action Taken/Comments