Emergency Health Services–Alberta

heart safe community AED
public access to defibrillation

# AED INSPECTION CHECKLIST - SAMPLE

## AED Inspection

| AED Nickname | AED Model | Serial Number | Site |
|---|---|---|---|
| | | | |

### A. AED

| | | | |
|---|---|---|---|
| ☐ | AED Readiness indicator displaying green or "OK". | | |
| ☐ | AED pads or cartridge attached in unopened pouch and free of damage or foreign debris. | | |
| ☐ | Battery Pack installed in AED | | |
| ☐ | No "Errors" or "Alarms" noted. | | |
| ☐ | Spare Pads in AED carrying case pouch or under cover.<br>☐ Click here if not equipped. | | |
| ☐ | Pediatric Pads/Key/Switch Present.<br>☐ Click here if not equipped. | | |

### B. RESPONDER KIT INCLUDES

Kit should include: Pocket mask or shield (1), Disposable Gloves (2 pair), Razor (1), Scissors (1), Towel (1)

| | | | |
|---|---|---|---|
| ☐ | Kit Complete and attached to the AED | | |

### C. ALARM BOX

| | | | |
|---|---|---|---|
| ☐ | Check Cabinet alarm and replace battery every 12 months.<br>☐ Click here if not equipped. | | |

### D. AED USE

| | | |
|---|---|---|
| | Was your AED required and/or used at a cardiac arrest this month? | ○ Yes ◉ No |

Submit Cancel