

AED INSPECTION CHECKLIST - SAMPLE

AED Inspection			
AED Nickname	AED Model	Serial Number	Site
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A. AED			
<input type="checkbox"/>	AED Readiness indicator displaying green or "OK".		<input type="text"/>
<input type="checkbox"/>	AED pads or cartridge attached in unopened pouch and free of damage or foreign debris.		<input type="text"/>
<input type="checkbox"/>	Battery Pack <u>installed</u> in AED		<input type="text"/>
<input type="checkbox"/>	No "Errors" or "Alarms" noted.		<input type="text"/>
<input type="checkbox"/>	Spare Pads in AED carrying case pouch or under cover. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>
<input type="checkbox"/>	Pediatric Pads/Key/Switch Present. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>
B. RESPONDER KIT INCLUDES			
Kit should include: Pocket mask or shield (1), Disposable Gloves (2 pair), Razor (1), Scissors (1), Towel (1)			
<input type="checkbox"/>	Kit Complete and attached to the AED		<input type="text"/>
C. ALARM BOX			
<input type="checkbox"/>	Check Cabinet alarm and replace battery every 12 months. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>
D. AED USE			
Was your AED required and/or used at a cardiac arrest this month?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	