



# AED Maintenance Checklist

AED Location: \_\_\_\_\_  
 Organisation: \_\_\_\_\_  
 Program Manager: \_\_\_\_\_  
 Trained Staff: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Regular maintenance is vital to a successful AED program**  
 Designate one or two people to monitor and check your AED on a periodic basis

	Week	1	2	3	4	5	6	7	8	9	10
<b>AED Indicator Light Flashing Green</b> Note: Red Light or No Visible Flash	<input checked="" type="checkbox"/>										
<b>Defibrillator Pads With Valid Date</b> Note: Expired, Opened or Missing	<input checked="" type="checkbox"/>										
<b>Battery With Valid Date</b> Note: Expired, Beeping or Red Light	<input checked="" type="checkbox"/>										
<b>Carry Case Exterior Dry &amp; Intact</b> Note: Damage or Faults	<input checked="" type="checkbox"/>										
<b>BLS Kit Check Contents</b> Note: Pocket Mask, Razor, Shears	<input checked="" type="checkbox"/>										

Please Initial & Date Here *(When Checked)*

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