



AED Monthly Inspection Form

Building Name: _____ Location of AED: _____

AED Model No: _____ AED Serial No: _____

Enter Year:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AED present, clean, and in proper working condition?												
One set of ADULT defibrillator pads, sealed, undamaged, and within expiration date?												
One set of CHILD/PEDIATRIC defibrillator pads, sealed, undamaged, and within expiration date?												
Supplies available and in good condition: Scissors, disposable razor, CPR mask, gauze, wipes, and 2 pair of gloves?												
AED signage is present and visible – AED is not obstructed and is visible?												
Check the status light or service indicator for no faults.												
Wall cabinet alarm is in proper working condition (if applicable)?												
COORDINATOR INITIALS:												

Problems Noted:
Corrective Action:

- Please ensure at least ONE (1) set of Adult AED pads and ONE (1) set of child/pediatric pads are in the AED cabinet.
- Check that the battery is fully charged. If not, replace the battery per the manufacturer’s specifications.
- All out of date and defective batteries or AED pads should be replaced.
- All deficiencies should be corrected immediately.
- If an AED needs to be taken out of service, please post “AED TEMPORARILY OUT OF SERVICE” notice on AED cabinet.

AED Coordinator Name (Printed): _____

Electronic Signature of AED Coordinator and Date: _____