**Automated External Defibrillator**

**Monthly / Annual Inspection Record**

**Unit Serial #: \_\_\_\_\_\_\_\_ \_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly Maintenance: A. Open AED Lid / If no automatic ON turn the AED to ON as required**

 **B.**  **Wait for the AED to indicate status**

 **C. Observe expiration date AED Pads; Current Pad Expiration date: \_\_\_\_\_\_\_\_\_\_**

 **D. Listen for voice prompts**

 **E. Close the lid and confirm that the status indicator remains “OPERATIONAL”**

 ***\*Notify Administration if status indicator is* “NON-OPERATIONAL”**

 **F. *\** Battery Change Due: \_\_\_\_\_\_\_\_\_\_\_ Battery Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***\*Appropriately dispose of expired AED battery and any other non-alkaline batteries.***

 **G. Initial Log**

|  |  |
| --- | --- |
|  | **AED MONTHLY MAINTENANCE** |
| **YEAR** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2013** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2014** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2015** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2016** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2017** |  |  |  |  |  |  |  |  |  |  |  |  |

**Annual Review: Signature of Department Manager or their designee confirms that: the daily and monthly AED maintenance has occurred for that year:**

|  |  |  |
| --- | --- | --- |
| **YEAR** | **DATE** | **USF AUTHORIZED PERSONNEL/DESIGNEE** |
| **2013** |  |  |
| **2014** |  |  |
| **2015** |  |  |
| **2016** |  |  |
| **2017** |  |  |