

## AED Maintenance Checklist

School \_\_\_\_\_ AED Location \_\_\_\_\_

200__ - 200__	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
AED green light/OK												
Adult pads plugged in. Expire _____												
Battery expires _____												
Pediatric pads expire _____												
Supplies present (CPR barrier, gloves, towel, razor, scissors)												
Cabinet unlocked, alarm on												

*Initial each block each month, indicating you checked or considered need to order pads/battery.*

Initials/Signature \_\_\_\_\_

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