AED MONTHLY CHECKLIST

School/Location:_____ Month/Date	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
Inspector's Initials											
Instruction and Recommended Corrective Action											
Check defibrillator, battery, electrode, packs and cables for damage or foreign substances. If it appears that unit was tampered with, immediately notify Risk Management											
Adult electrode pads plugged into connector. If loose, reconnect electrode pads to AED connector. If pads expired contact Risk Management. Pads expire:_____											
OK or green light is viable on readiness display on handle. If OK or green light is not visible refer to Troubleshooting Manual											
Note USE by date on battery. If date passed, notify Risk Management. Replace battery when exp. date is within 90 days of inspection. Battery expires:_____											
Infant/child electrode pads stored with AED. If missing or expired notify Risk Management. Pads expire:_____											
Other resuscitation equipment stored with AED: Black/Red bag attached to the AED. If missing, notify Risk Management.											
Troubleshooting Readiness Display											
NOTE: Reminder: Complete AED Reporting. USE form after use. DISCARD Pads after each use *At the end of the school year forward completed checklist to Risk Management*	If battery is not present, notify Risk Management. If battery life is present in unit, press ON and verify that OK appears. If OK is visible, unite is now ready for use. If OK is still not visible, remove the battery to verify expiration date and check pins, then reinsert until "click" is heard. Press ON and verify OK is present. Notify Risk Management 416-5515 for replacement parts or any problems with AED.										
Initials	**If AED is inoperable, retrieve another AED, if possible, and continue CPR until EMS arrives**										

	Name (Printed)	**Signature**	**Title**

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AED (Defibrillator) Medical Authorization

The Food & Drug Administration considers defibrillators to be prescription devices pursuant #21 CFR 801.109, and medical authorization is required. Most states provide immunity from civil liability to the physician prescribing on AED. State legislation can be accessed through your state's website, medical board, or http://aedhelp.com

This serves as Medical Authorization for External Defibrillators and Automated External Defibrillator(s) (AEDs) as indicated below:

1. Recipient of the AED Medical Authorization (check appropriate box or boxes):
   - Individual/Patient
   - Business
   - Single location
   - Multiple locations

1. Name of recipient of AED(s): _____
2. Address of each location at which an AED will be located:

Location name: _____
Street: _____
City/state/zip: _____
Phone number: _____
Contact/title: _____

Location name: _____
Street: _____
City/state/zip: _____
Phone number: _____
Contact/title: _____

If more locations are provided for under this Medical Authorization, please attach a separate piece of paper listing the required contact information for each location.

List any restrictions to this Medical Authorization, if applicable:
_____
_____
_____

Authorization physician (please print):
Name: _____
Street: _____
City/state/zip: _____
Phone:_____