



AED CHECKLIST

School Year _____

School: _____

Write initials for each month checked and note the date for each item below.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
Check defibrillator, battery, & electrode pads for damage or foreign substances.												
The green light on the top right of the machine is blinking. If the green light is not blinking, press the blue "i" button.												
Adult electrode pads are installed in the machine.												
Infant/child electrode pads stored with AED.												
Note Expiration Date on Adult Pad _____ Expiration Date on Child Pad _____ Expiration Date on Battery _____ If pads or battery will expire in 90 days notify the AED Program Coordinator.												
Other resuscitation equipment stored with AED: Mouth piece/First Aid/Pediatric Pads, etc: (may not be included in every unit). If missing, notify Risk Management.												
NOTE: Reminder: the checklist form should remain in the AED cabinet. After each monthly check provide the information to the Principal or designee who is in charge of emergency management for the school.	<p>Notify the AED Program Coordinator immediately if you find any issues with the AED.</p> <p>Main Number: _____ Email: _____</p>											

These forms should be retained by the Emergency Management Coordinator at the school for 10 years.