



AED Inspection Form

Today's Date: _____

Company Name:	Store #	Address/ City/ State:
Inspected By:	Location of Inspection (Building): Be Specific	
Managers Name:	AED Model	Serial Number:

Use the following maintenance checklist when you check **EACH** unit.

Check the following	PASS	FAIL	Comments
Is the Readiness Indicator Green or ready to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the unit clean, undamaged, and free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that electrodes are within their expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>	Exp. Date:
Are all cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>	
Turn the unit on and off and verify the unit ready for use.	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries within expiration date. Replace if expired. (Do not open Zoll Unit if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Exp. Date:
Check for adequate supplies (mask, gloves, extra batteries)	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm on AED Box operates correctly	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:
