



AED MONTHLY CHECKLIST

MODEL #:			SERIAL #:			
MANUFACTURER:			LOCATION:			
MONTH	DATE	CONDITION	*BATTERY	PADS EXPIRATION	**PADS SEALED	INITIALS
Jan.						
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sep.						
Oct.						
Nov.						
Dec.						

***Does the AED display a green checkmark, indicating that the unit is ready for use?**

****Ensure the packaging has no damage and confirm expiration date.**

INITIALS	PRINTED NAME	SIGNATURE