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

INITIALS	PRINTED NAME	SIGNATURE		

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