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AED MONTHLY CHECKLIST

MODEL #: MANUFACTURER:			SERIAL #: LOCATION:			
Jan.						
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sep.						
Oct.						
Nov.						
Dec.						

^{**}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?