

Western Carolina University AED Monthly Inspection Form

Building: _____ **Location of AED:** _____ **Model No:** _____ **Serial No:** _____

| Enter Year: | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| AED present, clean, and in proper working condition. | | | | | | | | | | | | |
| One set of ADULT defibrillator pads, sealed, undamaged, and within expiration date. | | | | | | | | | | | | |
| One set of CHILD defibrillator pads, sealed, undamaged, and within expiration date. | | | | | | | | | | | | |
| Scissors, disposable razor, CPR mask, gauze, wipes, and 2 pairs of gloves available and in good condition. | | | | | | | | | | | | |
| AED signage is present and visible. AED is not obstructed and is accessible. | | | | | | | | | | | | |
| Check the status light or service indicator for no faults. | | | | | | | | | | | | |
| Wall cabinet alarm is in proper working condition (if applicable.) | | | | | | | | | | | | |
| COORDINATOR INITIALS: | | | | | | | | | | | | |
| Problems Noted: | | | | | | | | | | | | |
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| Corrective Action: | | | | | | | | | | | | |
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| <ul style="list-style-type: none"> Please ensure at least ONE (1) set of Adult AED pads and ONE (1) set of child pads are in the AED cabinet. Check that the battery is fully charged. If not, replace the battery per the manufacturer’s specifications. All out of date and defective batteries or AED pads should be replaced. All deficiencies should be corrected immediately. If an AED needs to be taken out of service, please post “AED TEMPORARILY OUT OF SERVICE” notice on AED cabinet. | | | | | | | | | | | | |

AED Area Coordinator Print: _____ **Signature:** _____