

# AED Monthly Maintenance Checklist



Year \_\_\_\_\_ Serial # \_\_\_\_\_ Location \_\_\_\_\_ Date and Initial Each Month

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Check for the green checkmark (Only ZOLL Units) or any green light indicator												
Verify that adult electrodes are within expiration: Expiration Date: _____												
If applicable, verify that pediatric electrodes are within expiration: Expiration Date: _____												
Verify that batteries are within expiration date: Date Installed: _____												
Verify that pads are pre- connected to the input connector and sealed in their package.												
Verify that rescue accessory kit is available for use (scissors, razor, face shield, etc.)												
Check that the unit is clean, undamaged, and free of excessive wear												
Check that there are no cracks or loose parts in the housing												
Check that all cables are free of cracks, cuts, or broken wires												