AUTOMATIC EXTERNAL DEFIBRILLATOR MONTHLY INSPECTION

NAME *(Print)*	**DATE**

UNIT SERIAL NUMBER	**LOCATION**

	YES	NO	N/A
1. Does the AED case, connector, and battery well contain:			
a. Foreign Substance?	☐	☐	☐
(1) If "yes", was the device cleaned as describe in Table 5-2 of the operating instruction?	☐	☐	☐
b. Damage or cracks? (If yes, notify the Safety Office @ 4-7015)	☐	☐	☐
2. Were the battery pins bent or have discoloration? (If yes, notify the Safety Office @ 4-7015)	☐	☐	☐
3. Has the expiration date on the battery and/or therapy electrodes expired? (If yes, notify the Safety Office @ 4-7015)	☐	☐	☐
4. Is there one unopened package of therapy electrodes in the AED case? (If no, notify the Safety Office @ 4-7015)	☐	☐	☐
5. AED with a "Readiness Display":			
a. Does the "Readiness Display" indicate "OK"? (If no, notify the Safety Office @ 4-7015)	☐	☐	☐
b. Is the "Battery Indicator" displayed? (If yes, notify the Safety Office @ 4-7015)	☐	☐	☐
c. Is the "Service Indicator" displayed? (If yes, notify the Safety Office @ 4-7015)	☐	☐	☐
6. Does the Electrode Cable contain:			
a. Foreign Substance?	☐	☐	☐
(1) If "yes", was the cables cleaned as described in Table 5-2 of the operating instructions?	☐	☐	☐
b. Were there any cracks, damage, extreme wear, broken or bent connectors, wires or pins when the cable was bent or flexed? (If yes, notify the Safety Office @4-7015)	☐	☐	☐
c. Was it confirmed that the connectors engaged securely? (If yes, notify the Safety Office @ 4-7015) (This is a one time check for each new set of electrodes.)	☐	☐	☐