AED Monthly Inspection Checklist

Automated External Defibrillator | FDA Class III Medical Device

Date: _____	**Location:** _____	**AED Serial #:** _____	**Model:** _____
Inspector: _____	**Building/Floor:** _____	**Battery Exp:** _____	**Pad Exp:** _____

Monthly Visual Inspection

Inspection Item	Expected Condition	OK	Fail
Status Indicator	Green light or checkmark displayed. No warning symbols or red lights.		
Battery Status	Battery installed and within expiration date. Charge indicator normal.		
Adult Electrode Pads	Sealed in original packaging. Within expiration date.		
Pediatric Pads	Present (if required) and within expiration date.		
Physical Condition	No cracks, dents, or damage. Screen/display intact. Buttons undamaged.		
Carrying Case	Clean, undamaged, opens/closes properly.		
Cabinet/Mount	Cabinet undamaged, door opens freely. Alarm functional (if equipped).		
Accessibility	AED visible, no obstructions. Location sign posted.		
Temperature	Storage area within manufacturer range (typically 32°F–122°F).		
Rescue Kit	CPR mask, razor, scissors, gloves, towel present and in date.		
Self-Test Log	Device self-tests running. No error codes or alerts.		
Signage	AED sign visible. Usage instructions posted. Emergency numbers displayed.		
Manufacturer Alerts	No outstanding recalls or safety alerts for this model.		

Annual Inspection Items (check if applicable this month)

Inspection Item	Expected Condition	OK	N/A
Full Device Test	Full functional test per manufacturer instructions. Voice prompts clear.		
Software/Firmware	Software current. Check manufacturer for updates.		
Training Current	All designated responders have valid CPR/AED certification.		
Replacement Planning	Battery and pad replacements ordered before expiration.		

Program Documentation	Written AED program updated. Medical director oversight current.		
Registration	Device registered with manufacturer for recalls and updates.		

Deficiencies & Corrective Actions

Deficiency Description	Corrective Action	Assigned To	Date Fixed

AED Status: READY for use / OUT OF SERVICE – action required

Inspector Signature: _____ Date: _____

If any item fails inspection, take immediate corrective action. Never leave a non-functional AED in service. Contact the manufacturer for device issues. Document all actions taken.

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