

Inspection Date	Name of Inspecting Person (Print)	Location	AED Failings / Notes
Inspection Time	AED Serial Number		

AED

O.K. Unsafe

✓ As necessary

✓ X	Placement of AED in a visible position	Access to AED unobstructed	AED operation verified (turn on AED)	Adult pad expiration dates verified	Pediatric pad expiration dates verified	Battery status verified	Audible alarm verified	Body of AED undamaged	Rescue bag verified	Pocket mask with one-way valve	Examination gloves	Razors	Gauze or towels
AED INSPECTION													

AED RECORD SLIP

- Mark ' ✓ ' in Inspection Boxes if OK
- Mark ' X ' in every box requiring repair
- Mark ' N/A ' if not applicable

Signature of Inspecting Person

Position of Inspecting Person