Model/Type _____ Serial Number _____ Location _____

DEFIB WAREHOUSE

AED Weekly Inspection Record

MONTH																								
DATE																								
INITIALS																								
Check defibrillator for damage and general condition																								
Note use by date of adult electrode pads (use by date)																								
Note use by date of infant/child electrode pads if applicable (use by date)																								
Status indicator: Is the AED showing as rescue ready?																								
Battery indicator if the AED has this feature																								
Prep kit present and in date*																								
Check that the AED signage is present and in good condition																								
Check the AED cabinet/wall bracket is in good working condition																								

**this should include disposable gloves, razor, face shield, tuff cut scissors, towel & wipes*

It is important that your AED and associated equipment are checked regularly to ensure they are rescue ready at all times. If you do find upon inspection that there is corrective action/maintenence required then please call us on **0370 850 1186** so we can assist you or direct you to the manufacturer for further support.

Troubleshooting Log

Date/Time	Action taken