



**CPR Northwest**  
**PO Box 1107**  
**Newberg Oregon 97132**  
**(503) 538-2610**



To be **AED CHECKLIST –**

**MONTHLY CHECKS**

**UNIT No. \_\_\_\_\_**

If the AED shows a fault, remove from service and report immediately.

<b>Date</b>	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11
Check AED is on standby mode – green flashing light												
Check spare pads are sealed and in date												
Check paper towel present												
Check razor present												
Check scissors present												
Check disposable gloves present												
Check face shield present												
Check yellow (clinical waste) bag present												
Check 2 events report forms available with University incident report form												
<b>Signed</b>												

**AED CHECKLIST – WEEKLY CHECKS**

**UNIT No. \_\_\_\_\_**

