

AED OPERATOR'S CHECKLIST

Year: _____

Serial Number: _____

TASK	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
MONTHLY												
Battery Status Indicator Light Flashes Green												
Two Sets of Pads												
Face Mask												
Scissors												
Razor												
Gloves												
Towel												
INSPECTED BY:												

Remarks / Problems:

Corrective Actions:

Initials

Signature

Initials

Signature