

AED Inspection Readiness Inventory



Name of Inspector(s): _____

Building: _____ Device Location: _____

Please complete this checklist for the current program in your school (one form per AED):

Date (weekly)														
R-Routine P-Post event														
Inventory Items														
Storage cabinet/case intact														
AED exterior intact														
Battery light on/functioning														
Spare battery available														
AED Self Test-operational														
AED user guide available														
CPR guide available														
Adult/pediatric (2 ea) pads within date														
Incident report form available														
Pen														
CPR barrier device														
Razor														
Scissors														
Non-latex gloves (2 pr)														
Gauze pads or towel														
Initials of inspector														

Corrective Action Required and Completed

Date	Details	Initials

It is the responsibility of the school district to ensure all AEDs are functioning properly. This page serves as a resource for proper maintenance.