

PLYMOUTH COMMUNITY SCHOOL CORPORATION

AUTOMATED EXTERNAL DEFIBRILLATOR MAINTENANCE CHECKLIST

Date _____ Location _____

Inspection Performed By _____

| Criteria | Status | Corrective Action / Comments |
|---|--------|------------------------------|
| AED | | |
| Placement visible, unobstructed and near phone | | |
| Verify batter installation | | |
| Check the status / service indicator light | | |
| Note absence of visual / audible service alarm | | |
| Inspect exterior components and sockets for cracks | | |
| Supplies | | |
| Two sets of AED pads in sealed package | | |
| Check expiration date on pad packages | | |
| Pocket mask with one-way valve | | |
| Examination gloves | | |
| Razors | | |
| Absorbent gauze or hand towels | | |

Please refer to manufacturer's User's Manual for more information and proper annual maintenance procedures.