

Automated External Defibrillator (AED) Inspection Checklist

AEDs must be inspected monthly by AED Coordinators, or their designees, using this checklist or an equivalent checklist. Use one checklist for each AED. Northwestern Environmental Health and Safety (EHS) may also use this form for annual inspections. Please note that this checklist may not contain all the features, functions, or supplies for every type of AED. Always follow the AED manufacturer’s inspection and testing guidelines. Please contact EHS at ehs@northwestern.edu for any questions. If an AED has been moved or is missing, contact EHS immediately.

Inspection checklists must be kept on file by schools and departments for at least 3 years and are subject to audit by EHS to verify compliance with the Northwestern [AED Program](#).

School or Department:		Building Address or Name:	
AED Location: <i>(e.g., nearest room #)</i>		AED Manufacturer:	
AED Serial Number:		AED Model:	

Checklist	Pass	Fail
AED is clean, undamaged, and free of excessive wear, and no cracks or loose parts in the AED housing.		
AED is visible, accessible, and not obstructed.		
The pads are within the expiration date.		
The instruction manual is available and kept with the AED.		
The batteries are within the expiration date.		
AED is equipped with the necessary supplies as determined by the manufacturer. <i>(e.g., spare battery and pads, gloves, CPR mask, scissors, razor, absorbent wipes)</i>		
Manual self-test passed in accordance with the instruction manual.		
AED cabinet or bracket is functional and undamaged.		

If any checklist item above is marked as **‘Fail’** the AED did not pass inspection. Indicate the measures necessary to pass inspection in the comments section below. Every effort must be made to bring the AED to compliance as timely as possible. AEDs that are not continuously maintained and remain non-compliant must be removed from service and replaced if required by the Northwestern [AED Program](#).

Pass **Fail** *(see comments)*

Comments:	
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AED Coordinator, or Designee, or EHS Representative Printed Name: _____

Signature: _____ Date: _____