

# 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													
<b>Inventory Items</b>													
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													
<b>Initials of inspector</b>													

## 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.