

AED Monthly Maintenance Check Sheet

Manufacturer:	Model:
Serial No:	Location:
Battery Expiry Date:	

Year	Date	Condition	*Battery	**Pad Expiry	Name/Initial	Comments
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

*Check battery light is green. **Visually inspect condition and expiry date of package.

Please ensure this sheet is kept in plastic sleeve with Defibrillator