**AED WEEKLY OPERATION CHECKLIST**

**Instructions:**

The AED will be inspected at the beginning of each week by an individual designated to inspect the AED. This inspection will require a signature and date on the checklist that denotes that the AED was inspected according to this checklist, and was found to be fully operational in its present state. In the event that the designee is not present to perform the inspection, an alternative designee should be appointed to complete the assessment. The individual inspecting the AED will contact Protection Services or the manufacturer to arrange for any maintenance as advised.

Items to inspect:

 Battery: The green light on the right side of the AED indicates an adequate charge: A red light indicates that maintenance is required.

 Pads: Make sure you can see the expiration date on the pads.

**Sign and Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 5** |
| **August** |  |  |  |  |  |
| **September** |  |  |  |  |  |
| **October** |  |  |  |  |  |
| **November** |  |  |  |  |  |
| **December** |  |  |  |  |  |
| **January** |  |  |  |  |  |
| **February** |  |  |  |  |  |
| **March** |  |  |  |  |  |
| **April** |  |  |  |  |  |
| **May** |  |  |  |  |  |
| **June** |  |  |  |  |  |
| **July** |  |  |  |  |  |

**School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_**