## AED Inspection Form

To be completed monthly* (*or as specified by the manufacturer) and after each use.

| **AED Serial #:** | | | | **AED Location:** |
|---|---|---|---|---|
| **Inspected By:** | | | | **Date:** |
| **Reason for Inspection** | **After Use Data** Downloaded and Submitted to MTAED.com?** | **Inspection Instructions** | **Results** | **List Corrective Actions (if applicable)** |
| ☐ Monthly*<br>☐ After Use | ☐ Yes<br>☐ No<br>☐ Not Used – Monthly* Inspection<br><br>** Even if no shock delivered during use, data must be sent to MTAED.com | Examine the AED case, connectors, and battery well for foreign substances, damage, and cracks. If used, sanitize device. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Examine the battery pins for bending or discoloration. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Check the expiration date of the battery and the spare battery. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Check the expiration date of the pads and spare pads. If used, ensure new pads placed with device. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Examine the accessory cables for damage, cracks, nicks, etc. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Check operation of defibrillator as outlined by the manufacturer, this may include removing and reinstalling the battery or powering the unit on. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |
| | | Check that all accessories such as spare battery, spare pads, protective gloves, scissors, razors, etc. are present and in good working condition. If used, ensure accessories replaced or sanitized and placed with device. | ☐ No Adverse Findings<br>☐ Corrective Action Needed | |

If any corrective actions are needed, please notify immediately at .