



**Community PAD Program & AED Guide
Maintenance & Inspection Record**

MAINTENANCE AND INSPECTION RECORD

This Inspection checklist needs to be completed monthly and kept for a period of one year. Listed are items that require attention each month. Assess for damage, malfunction, missing and functionality of listed items. If you need to take action correcting, or replacing something, indicate the action in the space provided. Any problems or missing items must be reported to the AED Coordinator or Health and Safety Department immediately.

Check “Yes” – If inspected, “No” – If not inspected, “N/A” – If not applicable, and make note of actions taken.

Cabinet	Actions taken
Alarm batteries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Alarm activated when cabinet door opened <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cabinet fastened to the wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED signage visible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Free of debris/no damage noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Response kit easily located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

AED	Actions taken
Batteries ok <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spare pads/pediatric pads <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Expiry Dates, Primary pads: _____ Pediatric Pads: _____ Spare Pads: _____ Battery: _____	
Status light rescue ready <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pads attached to AED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Response Kit	Actions taken
Razor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wet/Dry towel <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mask <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gloves <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scissors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gauze <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did Response kit require new stock <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other manufacturer guidelines	Actions taken
Ensure lights are operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED case free of damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Manual/guidelines in cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Name:	Date:	Location:
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AED Owners/Employers are required to maintain your AED and ensuring it is working order at all times.
OHSA R.S.O. 1990, c. O.1, s. 25 (1)