

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MAINTENANCE CHECKLIST

Each department assigned with an AED must designate an AED agent who shall be responsible for compliance with the SIU AED Program in their department, including but not limited to, record keeping, maintenance and testing of the AED, and completing regular checks in accordance with the manufacturer's recommendations and requirements.

This AED maintenance checklist shall be used by all departments to verify that the AED has been visually checked and maintained according to the manufacture's schedule of maintenance from the operating manual of the AED.

AED LOCATION: _____

AED MAKE/MODEL: _____

CHECK PERFORMED	1/201_	2/201_	3/201_	4/201_	5/201_	6/201_	7/201_	8/201_	9/201_	10/201_	11/201_	12/201_
AED is still in active service												
AED pads are in sealed package and not expired according to date												
AED battery charged according to indicator message or light												
AED appears to be in good condition with no visible damage												
AED maintained according to manufacturer's guidelines												

COMMENTS: _____

The AED agent in his/her respective department shall forward notice of adherence to the maintenance requirements for the AED to the Center for Environmental Health and Safety by the 1st day of each month. (This can be a phone call, e-mail or other means of notification to the CEHS Safety Officer that the checklist has been completed for each AED in the department.)

This completed form shall be signed below and faxed or mailed to the Center for Environmental Health and Safety after the 12/201__ check has been completed. (FAX: 453-7192 CEHS mail code 6898.)

Signature of AED agent _____

Date: _____

Print AED agent name _____