

Contact MCPS Systemwide Safety Programs (240-314-1070) immediately if any problems are found



AED Monthly Inspection Form

Facility: _____ AED Serial Number: _____ *

Inspection Date (dd/mm/yy)	Inspector Initials	AED and carrying case intact	All electrodes intact and not expired	Battery charged, "OK" symbol displayed	All required equipment/forms with AED**

*Please complete a separate record for each AED.

- **Required equipment and forms (must be with AED at all times):
- 2 sets of adult chest pads (electrodes) - 1 set installed tightly, 1 back-up set - pads must be replaced if backing is removed
 - 1 set of infant/child chest pads
 - Maryland Facility AED Report Form
 - AED Monthly Inspection Form
 - Resuscitation kit (2 pairs latex-free disposable gloves, CPR facemask barrier device, shears, razor)