

AED Serial #: _____

Check one:

Public Access AED Clinical AED

Medical Emergency Equipment Checklist

Month: _____ Year: _____ Area Name: _____ Location: _____

Daily/Weekly Checklist: Clinical areas complete daily. Public Access/Non-clinical areas complete weekly.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AED Present																															
RFU Indicator indicates "ready"																															
02 Tanks Present and Full*																															
Suction Present and Operable**																															
Initials																															

RFU = Ready For Use Indicator – Refer to AED operator’s manual for device specific indications of readiness.

*Oxygen tank must be > 1500 psi to be considered full

**Suction supplies required – Canister, connecting tubing, suction tubing, rigid tip suction catheter (Yankauer)

Monthly Checklist:

Complete the following checklist monthly.

- Adult Pads #1 Expiration Date: ____/____/____
- Adult Pads #2 Expiration Date: ____/____/____
- Pediatric Pads or Key** Expiration Date: ____/____/____
- Spare Battery Install by Date: ____/____/____
- Adult Barrier Device/Mask
- Pediatric Barrier Device/Mask**
- Update AED Status in Premedics System

**Applies to all patient care areas serving pediatric populations

Personnel Checking AED:

Initials	Printed Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Contact Information:

For any malfunction with the AED, replacement supplies, and after an AED is used contact Premedics Systems:

support@premedics.com or 877-367-3233

Please file and maintain this form for 3 years.

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