

Defibrillator Maintenance Record

Defibrillator location: _____ Frequency of check: _____

Defibrillator make/model: _____ Serial number: _____

What to check

DEFIBRILLATOR

1. Your defibrillator will self-test regularly. Check for any **visible or audible warnings** on the device that something is wrong.
2. Your defibrillator should be in **standby-mode**.
3. Check that your device is **clean** and there is **no damage**.
4. Check the **battery indicator**.
5. Ensure **pads and batteries have not expired**. Reorder if necessary.

CABINET

1. Check for **damage**.
2. Check that the AED is **easily accessible** in an emergency (key holders? key pad codes?).

Ready for use?	Issues?	Date	Initials

Pads expiry date: / / Reordered / / New expiry / /

Batteries expiry date: / / Reordered / / New expiry / /

