**AED CHECKLIST – MONTHLY CHECKS** *Please upload to Health & Safety defibrillator* [*SharePoint site*](https://staffworkplace.napier.ac.uk/Services/usg/hs/occhealth/defibs/SitePages/Home.aspx)

*To be completed every month and when taken out for an event. For each item, please tick (✓) or cross (X) the box and sign at the bottom*

*Any problems or missing items must be reported to Health & Safety*

*\*\*If the AED shows a fault, remove from service and report immediately to Health & Safety\*\**

|  |  |
| --- | --- |
| **DEFIBRILLATOR LOCATION** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Apr 2019* | *May 2019* | *Jun 2019* | *Jul 2019* | *Aug 2019* | *Sep 2019* | *Oct 2019* | *Nov 2019* | *Dec 2019* | *Jan 2020* | *Feb 2020* | *Mar 2020* |
| Defibrillator condition - no dirt/damage/contamination |  |  |  |  |  |  |  |  |  |  |  |  |
| Check AED is on standby mode – green flashing light |  |  |  |  |  |  |  |  |  |  |  |  |
| Check spare pads are sealed and in date |  |  |  |  |  |  |  |  |  |  |  |  |
| Check face towel, razor, scissors, disposable gloves and facemask present |  |  |  |  |  |  |  |  |  |  |  |  |
| Check child key |  |  |  |  |  |  |  |  |  |  |  |  |
| Inspected by: *Signed* |  |  |  |  |  |  |  |  |  |  |  |  |
| Remarks/problems/corrective actions  *Please tick box and fill in details on form below* |  |  |  |  |  |  |  |  |  |  |  |  |

**Problems / corrective actions from monthly checks**

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|  |  |
| --- | --- |
| ***Date*** |  |
| ***Location of Defibrillator*** |  |
| ***Problems / Corrective Actions*** |  |
| ***Signed*** |  |