AED/Defibrillator Inspection Checklist

Safety & Compliance

BUILDING / SITE	DATE	INSPECTOR	TOTAL AED UNITS
	____ / ____ / _____		

AED UNIT #1

Location _____

Make / model / serial # _____

Status indicator (green = ready) ☐ Green / OK ☐ Amber / Fault ☐ Off / No light

Electrode pads in date ☐ OK ☐ Expiring soon ☐ Expired

Pad expiry date _____

Battery charge level ☐ Full ☐ Partial ☐ Replace

Battery expiry date _____

Paediatric pads available (if required) ☐ Yes ☐ No ☐ N/A

	OK	DEFECT
Unit clean and undamaged	○	○
Cabinet accessible, not obstructed	○	○

AED signage visible ☐ OK ☐ Missing

Rescue kit present (razor, gloves, towel, scissors) ☐ OK ☐ Incomplete

AED UNIT #2

Location _____

Make / model / serial # _____

Status indicator ☐ Green / OK ☐ Amber / Fault ☐ Off / No light

Electrode pads in date ☐ OK ☐ Expiring soon ☐ Expired

Pad expiry date _____

Battery charge level ☐ Full ☐ Partial ☐ Replace

Battery expiry date _____

Unit clean, cabinet accessible, signage visible ☐ OK ☐ Defect

Rescue kit complete ☐ OK ☐ Incomplete

STAFF READINESS

CPR/AED trained staff on site ☐ Yes ☐ Insufficient

All staff know AED locations ☐ Yes ☐ Awareness needed

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Last CPR/AED training date _____

ACTIONS

Replacements ordered (pads, battery) _____

Issues found

Inspector signature _____

Notes

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