

Automated External Defibrillation (AED) Monthly Maintenance & Inspection Record

This Inspection checklist needs to be completed **monthly** and kept for a period of one year. Listed are items that require attention each month. Assess for damage, malfunction, missing equipment and functionality of listed items. If you need to take action correcting or replacing items, indicate the action in the space provided below. Problems or missing items must be reported to your organization's AED Site Coordinator immediately.

Check "Yes" – If inspected, "No" – If not inspected, "N/A" – If not applicable, and make noted of actions taken.

Cabinet	Actions Taken
Alarm batteries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Alarm activated when cabinet door opened <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cabinet fastened to the wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED Signage visible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Free of debris/no damage noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED Response kit easily located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

AED	Actions Taken
Batteries within expiry date (5 years from in-service date) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Spare: CPR-D padz <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Pedi pad <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Expiry Dates: Primary CPR-D padz: _____ Pedi Pads: _____ Spare CPR-D padz : _____ Batteries: _____	
Self-Test Performed on AED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED Status Indicator Window "Green Check Symbol" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pads attached to AED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Inspect for cable damage, connectors secure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Response Kit	Actions Taken
Razor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Wet/Dry Towel <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mask / Barrier Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Gloves - 2 sets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Scissors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Gauze <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did Response Kit require new stock? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Other Manufacturer Guidelines	Actions Taken
Ensure Lights are Operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AED case free of damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Manual/guidelines in cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Name:	Date:	Location:
AED Model & Serial Number:		

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It is agreed that the AED owner will conduct a preventative equipment check on the AED each month to ensure the AED is properly maintained according to the manufacturer's recommendations. Kenora District Services Board – NWEMS will provide instructions and a monthly check sheet template for your use. Completed monthly check sheets are to be faxed or e-mailed to the Kenora District Services Board on a monthly basis using the contact information in this Agreement.

It is agreed that the AED owner will contact Kenora District Services Board - NWEMS as soon as appropriate (next business day) if and when the AED has been used in an emergency.

It is agreed that the AED owner is solely responsible for any used, lost, stolen or damaged equipment. It is further agreed that the Owner will have no claim against Kenora District Services Board - NWEMS relating to use or misuse of the AED by the Owner or the public.

It is agreed that the Kenora District Services Board – NWEMS will oversee and monitor AED's on a regular yearly basis to ensure operation and a properly equipped AED.

*AED Owners/Organizations are required to maintain your AED and ensuring it is in working order at all times.

OHSA R.S.O. 1990, c. 0.1, s.25 (1)

By signing below, I (the Owner) agree to the commitment of the terms in this Automated External Defibrillation (AED) Maintenance & Inspection Record.

Name (Print): _____

Organization: _____ Title: _____

Signature: _____ Date: _____

Please return this completed form to:
Kenora District Services Board – North West EMS
211 Princess Str., Dryden, ON P8N 3L5 | Fax: 807-223-6500
Email: cp@kdsb.on.ca

Received By: _____

Received Date: _____

January 2019