Bristol Virginia City Schools-Year: _____ EBBA - E1

AED Monthly Check List

School:_____ Battery Expiration Date:_____ Model:_____ Serial #_____

Month	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**
Date												
Clean and no signs of Damage												
Adult pads undamaged and within expiration date												
Expiration Date												
Pediatric pad undamaged and within expiration date												
Expiration Date												
First Responder Kit/Ready Kit present and with AED												
Extra Adult AED pads												
Expiration Date												
Has this AED been used since last month's check												
Deficiencies												
Corrective Action Completed												
Alarm on white box sounds when door opened												
Self Test Light Green												
Initial of Operator Completing Inspection												

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AED Monthly Check List

School:_____ Battery Expiration Date:_____ Model:_____ Serial #_____

Daily Green Light Check, when students are at school	Mon	Tues	Wed	Thurs	Fri			Mon	Tues	Wed	Thurs	Fri
August							February					
September							March					
October							April					
November							May					
December												
January												