Summit County Public Access Defibrillation Project
AED Readiness Checklist for Targeted Sites

AED Unit Number: _____ AED S/N: _____ AED Type:_____

AED Participant Site: _____ AED Location: _____

-Each week inspect the unit and indicate that all requirements are met by placing date, initials, and checkmark for each criterion. If any of the items are deficient, remove AED from service and notify your Project Site Coordinator.

Date (mm/dd/yy)																										
AED Unit																										
Carrying Case: in good condition																										
Tamper Proof tag in place																										
Defibrillator Condition: in good condition. No dirt/damage/ contamination																										
Status Indicator: displays ready state																										
Accessory Kit present																										
Accessory kit: contains razor, towel, gloves, hand wipes																										
Pocket masks: 1 adult, 1 pediatric																										
Inspected by (initials)																										