

Yale University

Automatic External Defibrillator (AED) Checklist

Weekly Checklist

Location: _____

Serial Number: _____

Indicated Inspection Date and Initials of Inspector, below:

January				February				March				April				May				June			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
July				August				September				October				November				December			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

1. Please check weekly to insure that:
 - a. Indicator light is flashing
 - b. There is no audible alarm
 - c. If there is a problem, please contact EHS immediately
2. Please initial in the box below the date to indicate the unit has been checked and is in compliance (see example)
3. Please also contact EHS if the unit is used, as the LifeForce contract also includes free replacement of all supplies, including batteries, pads, etc.
4. Please keep all completed log sheets for EHS to review. Note - EHS will maintain all checklist for historical documentation.

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CH	RD

For any questions or problems, please contact:

Environmental Health & Safety (EHS), Yale University
203-785-3550