



SCHOOL OF DENTISTRY

UNIVERSITY of WASHINGTON

Office of Clinical Services

AED MAINTENANCE CHECK SHEET

MODEL #	<input type="text"/>	SERIAL #	<input type="text"/>
MANUFACTURER	<input type="text"/>	LOCATION	<input type="text"/>

YR:	DATE	AED CONDITION	*BATTERY	PADS/ EXP. DATE	**AED Patches	Initials
SAMPLE	3/13	GOOD	√	5/30/2011	√	
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

NOTES:

* Manually turn on AED and ensure the defibrillator turns on

** Visually inspect AED Patches for expiration date and any package damage

R:\deans\OCS- OPS\Health-Safety\Templates (Also posted on SOD Health and Safety Website)

Initials

Printed Name

Signature
