



AED Checklist (CR PLUS)

Weekly and Monthly Reports

AED Unit

Location _____

Site Coordinator _____

AED Model _____

AED Serial # _____

Biomed # _____

Notes:

The Cardiac Safe Community PAD Program will collect the booklet every 12 months.

Please ensure that you write the month, and sign each sheet.

Report any problems IMMEDIATELY to Central East Prehospital Care Program at
1-866-503-2233

If you have any questions, please call Kim Wilkinson at 905-433-4370 or email at
kwilkinson@cepcp.ca.

In Case of AED Use:

- 1) Follow the instructions from the Red folder in the AED cabinet.
- 2) Contact the CEPCP at your earliest convenience.
- 3) Information from the AED will be downloaded by a CEPCP representative or Bio-Medical engineer.
- 4) The AED **must not to be removed** from the building by the paramedics.

Weekly AED Unit Checklist

Checklist

AED STATUS INDICATOR

If the *black status “OK” indicator appears*, the AED is ready to use. No action is required.



Monthly AED Unit Checklist

| Response Case Checklist | Operational Status Required/Comments | Corrective Actions |
|-------------------------|---|--------------------|
|-------------------------|---|--------------------|

| | | |
|--|---|--|
| Door alarms when opened (visual and audible) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signals monitoring company when AED is removed | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Cardiac Safe Community Red Folder contents: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> Emergency contacts Post Defibrillation Procedure 10 CIS Booklets | | |

| Checklist | Operational Status | Corrective Actions Required/Comments |
|---|---|---|
| <p style="text-align: center;"><u>Defibrillator Unit</u></p> Clean, no spills, clear of objects on top, casing intact | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p style="text-align: center;"><u>Cables and Connectors</u></p> a) Inspect for cracks, broken wire, or damage b) Connectors secure and are not damaged | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p style="text-align: center;"><u>AED Unit Supplies</u></p> a) Two sets of pads in sealed packages within expiration date b) Hand towel c) Scissors d) Razor e) Barrier device with one way valve f) 2 sets of gloves | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p style="text-align: center;"><u>AED Batteries</u></p> a) verify non-rechargeable (long storage life) battery is inserted and within expiration date b) verify that system ready indication indicates READY | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Print name, date and sign below (once/ month) | Print name, date and sign below (once/ month) |
|---|---|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |