



## **AED Checklist**

### **Weekly and Monthly Reports (Zoll AED Pro)**

**AED Unit**

**Location**

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**Site Coordinator**

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**AED Model**

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**AED Serial #**

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**Biomed #**

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**Notes:**

The Cardiac Safe Community PAD Program will collect booklet once a year.

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

Report any problems IMMEDIATELY to the 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](mailto: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					
<b><u>AED STATUS INDICATOR</u></b>		If the <i>green checkmark indicator</i> appears, the AED is ready to use. No action is required.			
<b><u>AED SELF-TEST “FAIL”</u></b>		<i>If a red X appears</i> or if the <i>AED chirps loudly</i> call <b>1-866-503-2233</b> immediately			
#	Week of:	Signature	#	Week of:	Signature
1.			27.		
2.			28.		
3.			29.		
4.			30.		
5.			31.		
6.			32.		
7.			33.		
8.			34.		
9.			35.		
10.			36.		
11.			37.		
12.			38.		
13.			39.		
14.			40.		
15.			41.		
16.			42.		
17.			43.		
18.			44.		
19.			45.		
20.			46.		
21.			47.		
22.			48.		
23.			49.		
24.			50.		
25.			51.		
26.			52.		

***If the Self-test fails, report the problem IMMEDIATELY to the Central East Prehospital Care Program at 1-866-503-2233***

## Monthly AED Unit Checklist

Response Case Checklist	Operational Status Required/Comments	Corrective Actions
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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"> <li>Incident reports</li> <li>Post Defibrillation Procedure</li> <li>10 CIS Booklets</li> </ul>		

Checklist	Operational Status	Corrective Actions Required/Comments
<p style="text-align: center;"><b><u>Defibrillator Unit</u></b></p> Clean, no spills, clear of objects on top, casing intact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><b><u>Cables and Connectors</u></b></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;"><b><u>AED Unit Supplies</u></b></p> a) Two sets of pads in sealed packages within expiration date b) Hand towel c) Scissors d) Razor e) Barrier device (mask) f) 2 sets of gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><b><u>AED Batteries</u></b></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.