TURTLE MOUNTAIN SCHOOL DIVISION SECTION H: MAINTENANCE			PROCEDURE 5-H(κ)	
Maintenance Checklist: Automated Extern	al Defibril	lator		
Please make sure several copies of the ma	intenance	checklist for	your monthly inspect	ions!
Philli	ns HeartSt	art Onsite A	FD	
	porreared			
Date: Location:				
Inspection performed by:	•			
Criteria	Status (Please o	check off)	Corrective Actions/Comments	
AED:				
Placement visible, unobstructed and near phone (if possible)				
Verify battery is installed in AED. (DO NOT TAKE OUT UN-NECESSARILY)				
Check the flickering green LED status indicator light (Found on front /right side of case). It will flicker every 4-5 seconds.				
Ensure AED is clean, no dirt or contamination; no damage present on AED or accessories				
Alarm is working(open door Alarm should sound)				
Supplies (Found in red case)				
1 cartridge set of AED electrode pads in AED and 1 extra set in sealed package in red case. Check expiration dates.				
Scissors are present in red bag				
Pediatric cartridge (if applicable)				
Fast Response Kit (Red bag attached to cas	e:)			
1 x pocket mask with one-way valve				
1 x set of gloves (at least one pair)				
1 x pair of scissors				
1 x Razors (White- for shaving chest)				
1 x absorbent gauze or hand towels				
Wall Mounted Alarmed Security Box (If applical	ble)		1	
Cabinet alarm battery has been changed yearly on this date:		Adult Smart Pad expiry date:		
9v battery (device) expires:		Child Smart Pad expiry date:		