



CARVER COUNTY SHOC
AED MONTHLY MAINTENANCE CHECKLIST

Date _____ Location _____

AED Program Coordinator: SHOC Program: 952-361-1330

Inspection Performed by _____
Site Coordinator

Criteria	Status	Corrective Action/Comments
AED		
Placement: visible, unobstructed and near phone		
Verify Battery Installation		
Check the status/service indicator light		
Inspect exterior components and sockets for cracks of the cabinet		
Supplies		
Two sets of AED pads in sealed package		
Check expiration date on pad packages		
First Responder Personnel Protection Equipment Kit		