

## Liberty University Weekly AED Inspection Checklist

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_  
 AED Serial Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Inspection	YES	NO	N/A
Is the light flashing green?			
Is there an in-date Adult PAD loaded into the AED?			
Is there an in-date Child/Infant PAD with the AED?			
Is there a complete, Fast Response Kit with the AED?			
Does the Serial Number on the AED match the records assigned to the individual?			
Does the Serial Number on the Adult PAD match the records assigned to the individual?			
Does the Serial Number on the Child / Infant PAD match the records assigned to the individual?			
Does the cabinet impede egress or cause an ADA issue?			
Does the door alarm sound upon opening?			
Is the alarm pin in the cabinet set to the correct position to prevent false alarms?			
Is the cabinet in good shape (not scratches, broken glass, broken door, etc.)?			