AED Daily Inspections Checklist

AED CHECKLIST – DAILY CHECKS

To be completed every day. Please tick (\checkmark) to confirm AED has a green light or cross (X) in the box if light is off.

Any problems or missing items must be reported to Health and Safety Office, tel: 086 2563629.

If the AED shows a fault, report immediately to Health and Safety Office

DEFIBRILLATOR LOCATION

Check AED is on standby mode – green light on	y/n /Inspected by & date	y/n /Inspected by & date										
Check AED is on standby mode – green light on	y/n /Inspected by & date	y/n /Inspected by & date										
Check AED is on standby mode – green light on	y/n /Inspected by & date	y/n /Inspected by & date										
Check AED is on standby mode – green light on	y/n /Inspected by & date	y/n /Inspected by & date										

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AED Monthly Inspection Checklist

AED CHECKLIST – MONTHLY CHECKS UNIT No.___

(Weekly check – see overleaf)

To be completed every month and when taken out for an event. For each item, please tick or cross the box and sign at the bottom.

Date						
Check AED is on standby mode – green light						
Check spare pads are sealed and in date						
Check paper towel present						
Check razor present						
Check scissors present						
Check disposable gloves present						
Check face shield present						
Check 2 events report forms available with College Incident report form						
Signed						

Any problems or missing items must be reported to the Safety Office, ext. 4914 or <u>caroline.duffy@mic.ul.ie</u>. All spares are kept at the Health and Safety Office.

If the AED shows a fault, report immediately to the Health & Safety Office, ext 4914

AED Weekly Inspection Checklist



AED CHECKLIST – WEEKLY CHECKS

(Monthly check – see overleaf)

Check AED is in correct position in cabinet with green light.

If AED missing or green light not on, report to Health and Safety Office, ext 4914 or caroline.duffy@mic.ul.ie.

Date of check	OK or Not OK and initial	Date of check	OK or Not OK and initial	Date of check	OK or Not OK and initial	Date of check	OK or Not OK and initial

UNIT No. ____

Ref: PGP50