Saskatchewan Health Authority

Public Access Defibrillation
AED MONTHLY LOG FORM

EQUIPMENT DETAILS

Location: _____ **Battery Expiry Date:** _____

Serial Number: _____ **Adult Pads Expiry Date:** _____

Model: _____ **Child Pads Expiry Date:** _____

DATE	INSPECTED BY	STATUS INDICATOR	PADS (CHECK EXPIRY)	FIRST AID ITEMS	NOTES / CORRECTIVE ACTION
DD/MM/YY	SIGN / INITIALS	GREEN / OK	SEALED & DATE OK	KIT INTACT	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	
		☐ Yes / No	☐ Yes / No	☐ Yes / No	

The AED owner/site is responsible for the inspection, maintenance, readiness, and operation of its AED(s) in accordance with the manufacturer's instructions and recommendations.

Public Access Defibrillation Program
Saskatchewan Health Authority
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