

## EMU AED MONTHLY INSPECTION

Department: \_\_\_\_\_ AED Location: \_\_\_\_\_ AED Serial Number: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ AED Location Detail: \_\_\_\_\_ AED Model Number: \_\_\_\_\_

|                    | July | August | September | October | November | December | January | February | March | April | May | June |
|--------------------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|
| AED Light Blinking |      |        |           |         |          |          |         |          |       |       |     |      |
| Case Condition     |      |        |           |         |          |          |         |          |       |       |     |      |
| Response Kit       |      |        |           |         |          |          |         |          |       |       |     |      |
| AED Cabinet & Sign |      |        |           |         |          |          |         |          |       |       |     |      |

**Condition: S= Satisfactory    M = Missing    D = Damaged**

**If items are missing or damaged, please notify EHS immediately at 7-0794.**

**Inspector's Last Name and Date**

July \_\_\_\_\_    October \_\_\_\_\_    January \_\_\_\_\_    April \_\_\_\_\_  
 August \_\_\_\_\_    November \_\_\_\_\_    February \_\_\_\_\_    May \_\_\_\_\_  
 September \_\_\_\_\_    December \_\_\_\_\_    March \_\_\_\_\_    June \_\_\_\_\_

**Directions:**    The AED area coordinator shall perform a monthly check to verify the operability of the AED and the presence and condition of the equipment. Retain this record in the building where the AED is housed. Upon completion of the June inspection, please send a copy of the completed inspection form to Environmental Health and Safety by July 15.

**EMU Environmental Health and Safety**  
**1200 Oakwood**