GOMEDTRNG
MOBILE MEDICAL TRAINING

WORKPLACE AED READINESS CHECKLIST

Facility Readiness Review

FACILITY / SITE NAME	STREET ADDRESS	AED LOCATION
MANUFACTURER / MODEL	SERIAL NUMBER / ASSET ID	AED PROGRAM COORDINATOR
REVIEWED BY	REVIEW DATE	NEXT REVIEW DATE

Mark each item Yes, Needs Action, or N/A. Address device warnings, damage, failed self-tests, or expired essential components according to the AED manufacturer's instructions and your organization's established policy.

READINESS ITEM	YES	NEEDS ACTION	N/A
1 DEVICE AND ESSENTIAL COMPONENTS			
Status indicator shows the ready condition described in this model's manual	☐	☐	☐
AED and its case or cabinet are present, clean, dry, undamaged, unalarmed	☐	☐	☐
Adult pads sealed, in date, and connected or stored as the model specifies	☐	☐	☐
Battery installed and within the manufacturer's service or expiration terms	☐	☐	☐
Pediatric capability available if the site population and AED model call for it	☐	☐	☐
Response kit holds the supplies you expect: gloves, shears, razor, towel, barrier	☐	☐	☐
2 PLACEMENT AND ACCESS			
AED is visible, clearly identified, unobstructed, and reachable during hours	☐	☐	☐
Not behind a locked door or an access step likely to delay retrieval	☐	☐	☐
Directional signage and staff awareness make the AED easy to locate	☐	☐	☐
Retrieval route considered or practiced: stairs, gates, lifts, remote areas	☐	☐	☐
Storage meets the model's environmental limits (outdoor or vehicle units)	☐	☐	☐
3 PEOPLE AND TRAINING			
Staff can name the AED location and how to activate emergency response	☐	☐	☐
Enough trained responders for reasonable coverage across normal shifts	☐	☐	☐
CPR/AED training and renewal records kept to your organization's requirements	☐	☐	☐
New-hire orientation covers the AED location and basic response roles	☐	☐	☐
Brief response drills or walkthroughs are conducted and documented	☐	☐	☐
4 EMERGENCY RESPONSE PLAN			
Roles considered: call 911, start CPR, bring the AED, direct EMS to the patient	☐	☐	☐
Address, suite, floor, or gate details posted where a 911 caller can read them	☐	☐	☐
Plan addresses after-hours access and other likely response barriers	☐	☐	☐
Post-use reporting, restocking, and return-to-service duties are assigned	☐	☐	☐
Registration, oversight, EMS coordination, and reporting reviewed as applicable	☐	☐	☐
5 PROGRAM MANAGEMENT			
A primary AED program coordinator and a backup are both assigned	☐	☐	☐
Inspection frequency and records follow manufacturer and organizational guidance	☐	☐	☐
Pad, battery, and accessory dates tracked ahead of expiration or end of service	☐	☐	☐
Manufacturer notices, software updates, safety notices, and recalls are monitored	☐	☐	☐
Manuals, registration details, service records, and prior logs are accessible	☐	☐	☐
Each identified deficiency has an assigned owner and a target completion date	☐	☐	☐

READINESS SUMMARY

☐ No immediate gaps identified ☐ Action items identified ☐ Manufacturer, service provider, or program review needed

CORRECTIVE ACTION

GAP OR ACTION NEEDED	ASSIGNED TO	DUE DATE	COMPLETED

This checklist is a general readiness aid. It does not replace the AED manufacturer's instructions, applicable laws, medical oversight requirements, local EMS guidance, or organizational policy.

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ROUTINE AED VISUAL INSPECTION LOG

12-Month Equipment Readiness Record

FACILITY	AED LOCATION	MANUFACTURER / MODEL
SERIAL NUMBER / ASSET ID	PROGRAM COORDINATOR	ADULT PAD EXPIRATION
PEDIATRIC PAD EXPIRATION (IF APPLICABLE)	BATTERY SERVICE / EXPIRATION (IF APPLICABLE)	

Complete this visual check at the interval required by the manufacturer and your AED program. Document and escalate any warning, damage, missing component, or expired supply according to established policy.

	DATE	READY / STATUS INDICATOR	PADS SEALED AND IN DATE	BATTERY STATUS / DATE	AED AND CASE CONDITION	CABINET, ACCESS, SIGNAGE	RESPONSE SUPPLIES	INSPECTOR INITIALS	NOTES / CORRECTIVE-ACTION REFERENCE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Marking: ✓ verified · A action needed (log it below) · N/A not applicable. Write the entry — do not rely on color.

CORRECTIVE ACTION / RESTOCKING LOG

DATE IDENTIFIED	ISSUE	ACTION TAKEN OR WORK-ORDER REFERENCE	RESPONSIBLE PERSON	COMPLETION DATE / INITIALS

AFTER USE

- Follow the manufacturer's post-use instructions.
- Replace used or opened single-use components.
- Restock the associated response supplies.
- Complete required reporting or program review.
- Confirm readiness before returning the unit to routine service.