

BOONE COUNTY FIRE DISTRICT WEEKLY INSPECTION CHECKLIST	AED	Assigned Unit:
Date:	Model: Powerheart AED G3 Pro	Serial Number:
Coordinating Inspector Name:		ID #:
Names of Assisting Inspectors:		
Inspect each of the areas and items indicated. Verify proper operation, level or item presence and place a check mark in the appropriate box. If an item is missing or not operational, shade the entire box, then make every effort to repair or replace the item (if appropriate) prior to submitting a maintenance request form.		

Carrying Case

- Case** - check for damage/check velcro closures
- Defibrillation Pads - Adult (1)** - check expiration date
- Defibrillation Pads - Child/Infant (1)** - check expiration date
- Resuscitation Accessory Kit (1)**
- Pocket Mask (1)**
- Disposable Razor (1)**
- ABD Pad (5X9) (1)**

AED

- Case** - check for damage/check latch
- Defibrillation Pads - Adult (1)** - check expiration date
- "Rescue Ready" Indicator** - visually inspect and verify that the indicator is green
- Battery (1)** - check expiration date
- Operate Unit** - open lid, ensure voice prompts take place