



AED Inspection Form

Please return this completed form monthly to compliance@paladin.care.

PERSON CHECKING AED: _____

SITE/LOCATION: _____

1. Is the status indicator on your AED flashing green?
 YES NO

2. Does the AED appear to be undamaged and ready for use?
 YES NO

3. Is the AED free of chirping or other warning notification sounds?
 YES NO

4. Are the AED supplies available for use and within usable dates?
 YES NO

If you answered NO to any of these questions, please give more detail:

PALADIN STAFF SIGNATURE

DATE