

Replace Electrodes:

Resuscitation Masks:

Gloves:

Razor:

Print Name:

Signature:

MAINTENANCE LOG FOR AUTOMATED EXTERNAL DEFIBRILLATOR

Maintenance Record for Automatic External Defibrillator					
Unit:	Date	Date of Purchase:		Please check off items as you complete the maintenance.	
Date:					
Unit Cleaned:					
Check Battery:					
Replace Electrodes:					
Gloves:					
Resuscitation Masks:					
Razor:					
Print Name:					
Signature:					
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	Maintenance Reco	ord for Automatic	External l	Defibrillator	
Unit:	Date of Purchase:			Please check off items as you complete the maintenance.	
Date:	·				
Unit Cleaned:					
Check Battery:	-				