OpsAuditHub opsauditihub.com	DOC ID: **SAF-0371**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **AHA Guidelines, OSHA 29 CFR 1910.151, and State Public Health Codes**	AUDIT FREQUENCY: **Monthly Audit**

Automated External Defibrillator Aed Monthly Check Sop Template

Operational Scope: This standard operating procedure defines the mandatory monthly verification process for all Automated External Defibrillators (AEDs) deployed across educational campuses. Its objective is to mitigate cardiac emergency response failures by ensuring total device readiness, operational integrity, and full compliance with state and federal emergency preparedness mandates.

MANDATORY PPE:	Nitrile Examination Gloves (ASTM D6319), Safety Glasses (ANSI Z87.1), High-Visibility Safety Vest, Facility Access Keys / Badge
PREREQUISITES:	Verify location access and ensure the AED cabinet alarm is temporarily disarmed or bypass mode is active. | Review previous month's inspection log to cross-reference corrective actions or serial number integrity.

CABINET INTEGRITY, SECURITY, AND PHYSICAL ENVIRONMENT

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Wall Cabinet & Signage**	Cabinet is securely mounted, free of structural obstruction, clearly visible, and standard 3D signage is unobstructed.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Cabinet Alarm & Strobe**	Testing the audio alarm and strobe light feature ensures immediate audible and visual alert functionality upon opening the door.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Tamper Seal / Anti-Theft Mechanism**	Integrity seal is unbroken and matches log serial number, indicating the unit has not been opened or tampered with since last audit.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

DEVICE READINESS, STATUS INDICATOR, AND POWER SUPPLY

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
4	**Ready-for-Use Status Indicator**	Status indicator (blinking green check, LCD readiness icon, or pass symbol) confirms self-test passed without flashing fault errors.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
5	**Battery Expiration Date & Power Unit**	Lithium battery pack expiration date is current (exceeds 3 months future validity) and securely seated within the housing compartment.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**AED Unit Housing & Handle**	Plastic casing shows no cracks, heavy scratches, chemical residue, moisture ingress, or signs of physical drop damage.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

ELECTRODE PADS, RESCUE ACCESSORIES, AND DOCUMENTATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
7	**Adult Electrode Pads Expiration & Packaging**	Sealed adult electrode pads are unexpired, package barrier is entirely intact (no punctures), and connector cable is undamaged.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
8	**Pediatric Pads (If Applicable)**	Pediatric electrode pads (where mandated) are unexpired, properly stored, and seal integrity is completely uncompromised.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
9	**Emergency Prep Kit Contents**	Kit includes operational trauma shears, sterile gauze pads, CPR pocket mask with one-way valve, antiseptic wipes, and a razor.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
10	**Inspection Log Card Sign-off**	Physical hanging inspection tag or digital compliance log is present, dated, and signed by the certified inspector for the current month.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Campus Safety Inspector / Lead Nurse Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Director of Facilities & Emergency Preparedness Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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