


<b>LIFEPAK 500 AED MAINTENANCE</b>	<b>YEAR:</b>
Site Name: Site Address: Site Phone:	Primary Liaison:  Backup Liaison:

SERIAL # OF AED:		
Adult Electrode Expiration Date:	Pediatric Electrode Expiration Date (Optional):	Last time battery was changed:
Specific Location of Unit:		

Check each LIFEPAK 500 AED monthly for the following:

- "OK" on the Readiness Indicator 
- Electrode Expiration Date
- Ambu Rescue Kit Available (razor, mask, gloves)
- Unit is free from any damage

*Place initials in column indicating a monthly check has been completed*

	January	February	March	April	May	June	July	August	September	October	November	December
Check done												
Initials of person doing check												

**Comments:**

**KEEP THIS FORM FOR YOUR RECORDS**

**For Device Questions or Service, Please Call Physio-Control 1-800-442-1142**

**For local support from Sedona Fire District contact Joshua Wells, [padinfo@sedonfire.org](mailto:padinfo@sedonfire.org), 1-928-699-8853**

