**Middle Tennessee State University**

**Automated External Defibrillator Maintenance Record**

**Manufacturer's Requirements May Vary.**

AED Manufacturer/Model:

Manufacturer Representative:

Phone:

 Address:

Date AED Inspected:

Who Inspected AED?

Found to Be in Working Order? Yes No *(Give* Details)

Maintenance or Repairs Necessary? No Yes *(Give* Details)

Any Special Checks Performed? (See Manufacturer Recommendations)

No Yes *(Give* Details Below)

Date of Next Inspection: \_

Please maintain a log of these inspection records on site.