

AED Monthly Check List

Month (initial in each box upon inspection)

	Visual Check of device	All parts are accounted	No parts past expiration	Battery Check	Spare Pads	Status Indicator	Comments
Jan							
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							



First Aid Kit Check List

Month (initial in each box upon inspection)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Comments
Kit #1													
Kit #2													
Kit #3													
Kit #4													

First Aid Supplies Required

- Antiseptic - wound solution or antiseptic swabs
- Bandage - Adhesive Strips and hypoallergenic adhesive tape
- Triangular Bandage
- Safety Pins
- Bandage - Gauze roller, various sizes
- Dressing - sterile and wrapped gauze pads various sizes
- Gloves - disposable latex or vinyl, various pairs
- Pocket mask - with disposable one-way rebreather valves
- Tweezers
- Scissors

Additional Supplies

- Instant heat pack
- Instant cold pack



Fire Extinguisher Monthly Check List

Month (initial in each box upon inspection)

	Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Comments
FE #1														
FE #2														
FE #3														
FE #4														

- Located in designated place, visible and with signage; easily accessible place, no debris or material stacked in front of it
- Hung on a bracket and positioned at a height no higher than 4 feet
- Service company tag attached, signed and dated (annual)
- Inspection tags are current (does not need service or testing)
- Safety pin is in place and fastened with the security seal. Nothing else should be used in place of the pin
- Label is clear, legible and extinguish type and instructions can be read easily. (label is placed towards the user)
- Pressure gauge is in the green and it not damaged or showing "recharge"
- Discharge hoses/nozzle is in good shape and not clogged, cracked, or broken
- The fire extinguisher has seals/tamper indicators is not broken/missing
- Shows no signs of physical damage, leakage or clogging (handle intact and not bent)
- Extinguisher type designated for that particular location
- Maintenance logs kept/updated as necessary whenever repairs/complaints are made

Facility Monthly Check List

Month (initial in each box upon inspection)

	Exit Lights are working	Exit Signs are visible	All lights in facility are working and have back up bulbs	Emergency lights are all working	Emergency Action Plan is ready	Comments
Jan						
Feb						
Mar						
Apr						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						
Dec						