

Automated External Defibrillators

**CHARTER SCHOOL
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
INSPECTION AND INVENTORY**

Building _____

Device Location _____

DATE TIME R-Routine P-Post Use										
<i>Inventory Items:</i>										
Storage cabinet intact										
AED exterior intact										
Battery installed & functional										
Spare battery available										
AED self-test										
AED user guide available										
CPR guide available										
Two sets of electrodes										
Incident report forms (2)										
Pen										
Mouth barrier device (2)										
Razor										
Scissors										
Non-latex gloves (2 pair)										
Gauze pads or towel										
Initials of Inspector										

Corrective Action Required and Completed:

Date	Details	Reported to Principal	Initials