TRAVELING

AUTOMATED EXTERNAL DIFIBRILLATORS (AED’S)

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **AED #** | **Sport** | **Destination**  | **Print Name** | **Signature****(Checking Out)** | **Signature****(Checking In)****Receiving Staff Member** | **Emerg****Action****Plan** |
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Monthly Inspection:

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 Date Print Name Signature