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