

Spring Branch Independent School District
HEALTH SERVICES
AED (Automated External Defibrillator)
Inspection Readiness Inventory

Campus/Facility: _____ School Year: _____

AED Serial # _____ AED Battery expires _____

AED Adult Pads expire _____ AED Pedi Pads expire _____

Month Inspected:	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Storage Cabinet Intact :												
AED Exterior Intact:												
Battery Installed and Functional:												
Battery (within expiration date):												
AED Active Test (close and open-active?):												
AED User Guide/Instructions Available:												
Set of Electrodes Adult and Pedi (within expiration date?)												
Ready Kit Available: (mouth barrier, razor, scissors, non-latex gloves & gauze or towellettes)												

INSPECTED BY: _____ SENT SAFETY AND RM END OF YR _____