

Appendix C AED Quarterly Checklist

Each AED must be checked on a quarterly basis as indicated below. The completed form shall be forwarded to the Program Coordinator (fax to 909.433.9469 or email to giovanna_deleon@cjuds.net).

Month of Inspection: February May August November

Year of Inspection: 20xx

Site: _____

of Units to Inspect: 1 2 3 4 5

(For units 3 or more, submit multiple sheets)

Site Coordinator Name (Printed): _____

Site Coordinator Signature: _____

AED Location: _____	AED Location: _____
AED Serial #: _____	AED Serial #: _____
Battery expiration date: _____	Battery expiration date: _____
Adult pad expiration date: _____	Adult pad expiration date: _____
Pediatric pad expiration date: _____	Pediatric pad expiration date: _____
<input type="checkbox"/> No physical damage to AED and casing	<input type="checkbox"/> No physical damage to AED and casing
<input type="checkbox"/> Status indicator blinking green (if red, notify Risk Management immediately)	<input type="checkbox"/> Status indicator blinking green (if red, notify Risk Management immediately)
<input type="checkbox"/> Ready Kit Pack (disposable razor, scissors, one-way face mask, gloves, gauze, towelette) Return any extra ready kit pack items to RM.	<input type="checkbox"/> Ready Kit Pack (disposable razor, scissors, one-way face mask, gloves, gauze, towelette) Return any extra ready kit pack items to RM.