

Automated External Defibrillators

**North Gem School District No. 149
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 and functional										
Spare battery available										
AED self test										
AED user guide available										
CPR guide available										
Two sets of electrodes										
Two Incident Report Forms										
Pen										
Two Mouth barrier devices										
Razor										
Scissors										
Two pairs of Non-latex gloves										
Gauze pads or towel										
Initials of Inspector										

Corrective Action Required and Completed:

Date	Details	Reported to Superintendent	Initials