

USE OF AUTOMATIC EXTERNAL DEFIBRILLATOR (AEDS)

Poway Unified School District
Use of Automatic External Defibrillators (AEDs)

AED QUARTERLY TESTING AND MAINTENANCE RECORD

Note: The manufacturer's inspection record form may be used in lieu of this form with permission of the district AED Coordinator. Inspection and testing must be done at least quarterly.

School Site or District Department: \_\_\_\_\_

AED Location \_\_\_\_\_

AED Brand / Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Table with 3 columns: Equipment Inspection, Recommended Corrective Action, Date/Initial. Rows include: Clean, no dirt, contamination, or signs of damage; Status Indicator OK; Charge Indicator OK; Self-test messages; Battery visual - clean, no corrosion or bent pins; Cable bends or cracks.

Supplies

Table with 3 columns: Equipment Inspection, Recommended Corrective Action, Date/Initial. Rows include: Two sets of pads, sealed and undamaged within expiration date; Ancillary supplies - towel, gloves, razor, barrier pack; Infant/Child defibrillator pads.