

This inspection form is to be completed by trained Department Safety Representatives (DSR) only and is intended to ensure the device is in ready-to-use condition in case of a sudden cardiac arrest emergency.

Please note, for cabinet boxes; Safety Loss Control Division does **not** provide the cabinet box AED units sit in. In the event the cabinet alarm is triggered or continuously sounds, please contact facilities or replace battery as needed.

Defibrillator Physical Location:	Year:
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Defibrillator Model:	Unit Serial №:
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Battery Expiration Date:	Pad Expiration Date:
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Check each box to verify completion and add your initials at the end of each month.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date												
Unit condition <small>(Dust, damage or contamination)</small>												
Status Indicator <small>Green Blinking Light</small>												
Supplies												
Unexpired Pad												
Unexpired Battery												
Fast Response Kit <small>(gauze pad, gloves, scissors, razor, pocket mask)</small>												
Cabinet Battery <small>N/A if no cabinet</small>												
Inspected by: Initials												

Date:		Remarks:	
Date:		Remarks:	
Date:		Remarks:	
Date:		Remarks:	
Date:		Remarks:	
Date:		Remarks:	

Safety Loss Control Department Coordinator is: _____

Contact HR-Safety Loss Control Division (951) 955-3520 or your Safety Coordinator if you have any questions.

IN CASE OF AN EMERGENCY CALL 911 IMMEDIATELY