APPENDIX C AED QUARTERLY CHECKLIST

Each AED must be checked on a quarterly basis as indicated below then forwarded to Risk Management Department (email to aherrera@orangeusd.org or fax to 714.628.4186).

Month of Inspection:	January 🗌	April 🗆	July □	October		
Year of Inspection:	<u>20</u>					
Site:						
# of Units to Inspect:	1 🗆 2 🗆	3 🗆 4 🗆	5 🗌 (submi	t 2 sheets)		
Site Coordinator Name (Printed):						
Site Coordinator Signature:						
		1				
AED Location:		AED Location:				
AED Serial #:		AED Serial #:				
☐ No physical damage to AED and casing		☐ No physical damage to AED and casing				
☐ Pad expiration date:		☐ Pad expiration date:				
☐ Pediatric Pad expiration date:		☐ Pediatric Pad expiration date:				
☐ Status indicator green			☐ Status indicator green			
(if red notify Risk Management immediately)			(if red notify Risk Management immediately)			
☐ Ready Kit Pack (disposable razor, scissors,		☐ Ready Kit Pack (disposable razor, scissors,				
one-way face mask, 2 gloves, gauze, towelette)		one-way face mask, 2 gloves, gauze, towelette)				
Return any extra ready kit pack items to RM.		Return any extra ready kit pack items to RM.				
☐ Alarm is functioning ☐ Alarm is functioning						
AED Location:		AED Location:				
AED Serial #:		AED Serial #:				
☐ No physical damage to AED and casing		☐ No physical damage to AED and casing				
☐ Pad expiration date:		☐ Pad expiration date:				
☐ Pediatric Pad expiration date:		☐ Pediatric Pad expiration date:				
☐ Status indicator green		☐ Status indicator green				
(if red notify Risk Management immediately)		(if red notify Risk Management immediately)				
☐ Ready Kit Pack (disposable razor, scissors,		☐ Ready Kit Pack (disposable razor, scissors,				
one-way face mask, 2 gloves, gauze, towelette)		one-way face mask, 2 gloves, gauze, towelette)				
Return any extra ready kit pack items to RM.		Return any extra ready kit pack items to RM.				
☐ Alarm is functioning	·	□ Alarm is	functionin	· A		