|  |  |  |
| --- | --- | --- |
| **Memphis Shelby County Schools** | **Name of School/Site** |  |
| **AED Checklist** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic School Year:** |  | | | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** |
| **Unit Serial Number\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date** | |  |  |  |  |  |  |  |  |  |  |  |  |
| **Inspectors Name:** | | **Initials** | |  |  |  |  |  |  |  |  |  |  |  |  |
| **Instruction and Recommended Corrective Action** | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Check the unit, battery, electrodes packs, and cables for damage or foreign substances. Notify Risk Management immediately if it appears that the AED has been tampered with. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adult electrode pads present and in place. Reconnect any loose connections. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OK or green light is visible on readiness display. If not refer to troubleshooting manual. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Note the “use by” date on the electrodes and the battery. Electrodes:\_\_\_\_\_\_\_Battery: \_\_\_\_\_\_\_ If dates are passed, notify Risk Management. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Extra set of electrode pads stored with AED (optional) Notify Risk Management if missing. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spare battery stored with AED (optional) Notify Risk Management if missing. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infant/child electrode pads stored with AED. Expiration Date:\_\_\_\_\_\_\_  Notify Risk management if missing. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Resuscitation equipment stored with AED: Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notify Risk management if missing. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Opioid Reversal Kit stored with AED. Notify **Health Services** if missing.  Blister pack #1 lot number:\_\_\_\_\_\_\_\_ expiration date\_\_\_\_\_  Blister pack #2 lot number:\_\_\_\_\_\_\_\_ expiration date \_\_\_\_\_ | | |  | N/A | N/A |  |  |  |  |  |  |  |  |  |  |

**IMPORTANT REMINDERS:**

1. **Information on this form must be entered into the MSCS online database each month by the Schools Security Officer or designee.**
2. **Complete the AED Reporting Use Form.**
3. **DISCARD opened pads after use.**
4. **Request battery replacement when expiration is within 90 days of inspection.**

**Risk Management phone 416-5515**