

Automated External Defibrillators

**CLARK COUNTY SCHOOL DISTRICT 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 | | | | | | | | | | |
| Incident report forms (2) | | | | | | | | | | |
| Pen | | | | | | | | | | |
| Mouth barrier device (2) | | | | | | | | | | |
| Razor | | | | | | | | | | |
| Scissors | | | | | | | | | | |
| Non-latex gloves (2 pair) | | | | | | | | | | |
| Gauze pads or towel | | | | | | | | | | |
| Initials of Inspector | | | | | | | | | | |

Corrective Action Required and Completed:

| Date | Details | Reported to Superintendent | Initials |
|-------------|----------------|-----------------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |