AED - MONTHLY DEPARTMENTAL INSPECTION (MULTIPLE UNITS)

INSPECTED BY: _____

DEPARTMENT: _____

DATE: _____

UCSB Environmental Health & Safety

CHECK BOX FOR AED INSPECTION

		LOCATION	SERIAL# /IN-SERVICE	BATT % /UNIT PASS	ADULT PAD 1 LOT # /EXP. DATE	ADULT PAD 2 LOT # /EXP. DATE	PED PAD LOT # /EXP. DATE	BATTERY /LOT #	BATTERY INSTALL DATE /EXP. DATE
1	☐			NO					
2	☐			NO					
3	☐			NO					
4	☐			NO					
5	☐			NO					
6	☐			NO					
7	☐			NO					
8	☐			NO					
9	☐			NO					
10	☐			NO					
11	☐			NO					
12	☐			NO					

SUBMIT