

**Alameda County Sheriff's Office  
2017 AED Check List**

**Location:** \_\_\_\_\_  
**AED CHECK LIST for Serial #** \_\_\_\_\_

DATE	1/16	2/16	3/16	4/16	5/16	6/16	7/16	8/16	9/16	10/16	11/16	12/16
<b>SUPPLIES AVAILABLE</b> a. Two sets of defibrillation cartridges, within expiration date, undamaged b. Ancillary supplies: towel, razor, shears, barrier pack c. Spare battery within "install before date"												
<b>STATUS INDICATOR</b> a. Self-test okay, verify by noting status indicator												
<b>ONSITE UNIT</b> a. Clean, no dirt or contamination b. No damage present												
<b>INSPECTED BY (Initials)</b>												

**Pad Expiration Date:** \_\_\_\_\_  
**Battery Expiration Date: (4 yrs from date on insertion)** \_\_\_\_\_

**REMARKS, PROBLEMS, CORRECTIVE ACTION:**

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**Inspected by:**

Initials: \_\_\_\_\_ First, Last Name \_\_\_\_\_

Initials: \_\_\_\_\_ First, Last Name \_\_\_\_\_

Initials: \_\_\_\_\_ First, Last Name \_\_\_\_\_