

The University of Oklahoma, Norman Campus Department of Campus Safety (Campus Safety@ou.edu) AED Departmental Inspection Report (Form B)

At a minimum, thorough inspections of the AEDs should be conducted monthly and/or in accordance with the manufacturer's recommendations. The results of these AED inspections should be captured on this form and retained by the department.

Note: Individual departments may prefer to exceed the minimum requirement and conduct weekly or daily inspections as their chosen protocol.

Inspection Checklist

				Access to	AED	Battery & Pads Within	AED Status		
AED#	AED Brand/Model	Serial #	Location of AED	AED OK?	Undamaged?	Use By Date?	Normal?	Date Checked	Initials
				-			1		

Site Coordinator or Designee Signature	Date
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Noted AED deficiencies and corrective action (if applicable)

AED#	AED Brand/Model	Serial #	Noted deficiency	Action taken	Date	Initials

I attest that any AEDs on this list will not be made available for use until all noted deficiencies have been properly addressed.					
Site Coordinator or Designee Signature:	Date:				