EUGENE SCHOOL DISTRICT 4J
Automatic External Defibrillator Inspection Log

Name of School/Department _____ Date_____

Defibrillator number_____ Inspected by_____

	Damaged	Dirty	Work Order	Cleaned	Replaced
Condition of unit					

	Pass	Fail			
Test Result					
Unit is ready for use					

Supplies	Sealed	Unexpired			
Pads					
Adult					
Child					

Support Supplies	Present	Need			
Hand towel					
Scissors					
Razor					
Pocket mask					
Data cards if unit requires					
Data card tray if unit requires					

	Yes	No			
Spare battery within “install before” date					

Other	Concern: