

Appendix C AED Quarterly Checklist

Each AED must be checked on a quarterly basis as indicated below. The completed form shall be forwarded to the Program Coordinator (fax to 909.433.9469 or email to giovanna_deleon@cjUSD.net).

Month of Inspection: February May August November

Year of Inspection: _____
Site Coordinator Name (Printed): _____

Site Coordinator Signature: _____

AED Location: _____	AED Location: _____
AED Serial #: _____	AED Serial #: _____
Battery expiration date: _____	