

**Bellingham School District No. 501
1306 Dupont Street
Bellingham WA 98225**

4262F2

AED POST EVENT CHECKLIST

1. ____ AED unit cleaned (per manufacturer's specifications) and /or decontaminated if required, following standard blood borne precautions.
2. ____ Reconnect spare electrodes to the AED unit (check the expiration date of the electrodes).
3. ____ Battery condition check _____
4. ____ Replace any items taken from the AED resuscitation kit.
 - a. _____
 - b. _____
 - c. _____
5. ____ Notation made on maintenance log, dated and signed.
6. ____ AED Unit replaced to original location.
7. ____ Submit the list of items that need replacing to Building AED Coordinator.
8. ____ Building AED Coordinator Notified: ____/____/____ ____:____ AM/PM
____ District AED Coordinator Notified: ____/____/____ ____:____ AM/PM
9. ____ Signature of person completing the AED Checklist: _____
____ Log of maintenance checks with initials.
10. ____ Maintenance Log completion (See Form F3)