Section: 450 Prolicy #: 450.3  AED INVENTORY SHEET  If more than one device, list location or other means of identitying specific device inventoried.  Directions: Insert date, Initial each check performed and any corrective action to assure readiness; record initials and signature below.  Device Location:  Date Time  R=Routine P=Post-use  AED stored in appropriate location Storage unit intact AED exterior intact User's guide Two sets of electrodes Battery installed and functional Spare battery available (if recommended by manufacturer) Data card installed Spare data card Mouth barrier device Razor Scissors for clothing removal Non-latex gloves  Use black spaces to add other checks, as recommended by Device Manufacturer, Medical Director or Ecorrective Actions Required/Completed: Date  Details  Details  LEGAL REFERENCE: 120.13 (2) Wis. Stats.	Board Pol	icies				Blair-Taylor School	DISTRICT
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First Reading: 8-17-09 Adopted: 9-21-							
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