

1 **Board Policies**

Blair-Taylor School District

2
3 **Series: 400**
4 **Section: 450**
5 **Policy #: 450.3**
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STUDENT
STUDENT HEALTH AND WELFARE
AED INVENTORY SHEET

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9 *If more than one device, list location or other means of identifying specific device inventoried.*
10 **Directions: Insert date. Initial each check performed and any corrective action to assure**
11 **readiness; record initials and signature below.**

12 **Device Location:** **Date**
13 **Time**

14 **R=Routine**

15 **P=Post-use**

- 16 AED stored in appropriate location
- 17 Storage unit intact
- 18 AED exterior intact
- 19 User's guide
- 20 Two sets of electrodes
- 21 Battery installed and functional
- 22 Spare battery available
- 23 (if recommended by manufacturer)
- 24 Data card installed
- 25 Spare data card
- 26 Mouth barrier device
- 27 Razor
- 28 Scissors for clothing removal
- 29 Non-latex gloves

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31 *Use black spaces to add other checks, as recommended by Device Manufacturer, Medical Director or EMS*

32
33 **Corrective Actions Required/Completed:**

34 **Date** **Details**

35 _____
36 _____

37
38
39 Initials: _____ Signature: _____ Initials: _____ Signature: _____
40 Initials: _____ Signature: _____ Initials: _____ Signature: _____

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55 **LEGAL REFERENCE: 120.13 (2) Wis. Stats.**

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57 **First Reading: 8-17-09**

Adopted: 9-21-09

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60 **Clerk:** _____