

AED Deployment Registry

Daily AED inspection log

Use this form to log inspections of an AED under AEDDR 1410

Form 14A

AEDDR 1410

Location of AED

Manufacturer of AED

Date of manufacture of AED

□	□	/	□	□	/	□	□
[D D]			[M M]			[Y Y]	

Model number of AED

Serial number of AED

	MON	TUE	WED	THU	FRI	SAT	SUN
Date of inspection	Date	Date	Date	Date	Date	Date	Date
□ □ / □ □	□ □	□ □	□ □	□ □	□ □	□ □	□ □
[M M] [Y Y]	[D D]	[D D]	[D D]	[D D]	[D D]	[D D]	[D D]

AED Condition	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
There must be no dirt, damage or contamination	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Status Indicator	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
Must show device is ready for use	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Supplies:							
2 sets of unexpired adult pads - one connected to the AED and one sealed and undamaged	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1 set of unexpired infant / child pads - sealed, undamaged (if required)	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ancillary supplies (hand towel, scissors, razor, pocket mask)	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1 installed battery - within expiry date	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if	Tick if
	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inspected by	Signed	Signed	Signed	Signed	Signed	Signed	Signed
	□ □	□ □	□ □	□ □	□ □	□ □	□ □
	Initials	Initials	Initials	Initials	Initials	Initials	Initials