

School Name: _____ Date Faxed: _____

**AUTOMATED EXTERNAL DEFIBRILLATOR
DAILY CHECKLIST**

Pickens County Board of Education Board Policy GAMD Item #14 reads as follows: The ADE designee at each school shall perform a daily AED check following the procedure checklist. The checklist will be initialed at the completion of the daily check. The procedure checklist will be posted with the AED. Proper procedures for performing the daily check are:

- The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components.
- If the green light on the handle does NOT blink the AED Program Coordinator (school nurse) shall be contacted immediately.
- If the green light is NOT visible, the battery or CHARGE-PAK charging unit needs to be replaced. The AED may be used if needed.
- If the expiration date on the electrode is near, notify the AED Program Coordinator immediately.

Month _____ Year _____

Day of Week	Date	Checked by:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
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Friday		

NOTE:

This form should be sent to the Central Office monthly with the emergency fire and tornado drill reports.