

**Mississippi Department of Human Services
Division of Youth Services
Medical Services**

Oakley Youth Development Center

AED UNIT INSPECTION RECORD

(Automatic External Defibrillation unit)

Year: _____

| No. | AED Locations | Date Checked | Pad Expiration Date | Battery Charging | Comments | Inspector Initials |
|-----|---------------|--------------|---------------------|------------------|----------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|----------------------|----------------------|
| Nurse Signature | Initials |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Nurse Signature | Initials |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Nurse Signature | Initials |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |