Mississippi Department of Human Services
Division of Youth Services
Medical Services

Oakley

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	Nurse Signature	Initials	Nurse Signature	Initials