

EQUIPMENT RE-STOCKING FORM

I. Incident Information			
Incident Date:	Year	Month	Day Form completed at _____ am / pm
II. Client Information			
Location of AED:		Site Name (<i>If applicable</i>):	
III. Rescue Equipment			
A. Equipment to be replaced (<i>check when completed</i>)			
1. Pocket Mask (one-way valve)			
2. Resusi Face Shield			
3. Trauma Scissors (magnum)			
4. 2 Pairs of Nitrile Gloves			
5. Vio-new Health Care Antiseptic Towellette			
B. Equipment to be cleaned (<i>check when completed</i>)			
1. AED Case and Front Display			
C. Automated External Defibrillator [AED] (<i>check when completed</i>)			
1. Ensure AED case, connector and battery are free from any foreign substances			
2. Check AED for visible Damages or cracks			
3. Turn AED on and check for "connect electrodes" message			
4. Check for low battery message			
5. Check number of unopened defibrillator electrodes in stock _____			
6. What is the expiry date on the electrodes? _____			
IV. AED Operator Information			
AED Operator Name:			
V. Forward To			
AED Supervisor/ Co-ordinator:			