**Sample AED/EAI Maintenance Check Sheet for Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of AED/EAI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **AED Information** | **Epinephrine Auto-Injector Information** |
| Manufacturer: | Brand: |
| Model #: Serial #: | Lot: Dose  Placement Date Expiration Date |
| Pads Expiration Date: Battery Replaced on: | Lot Dose  Placement Date Expiration Date |

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| **Date** | **Cabinet secure** | **AED**  **in place** | **Indicator light blinking** | **EAI visible  in cabinet** | **Comments** | **Signature** |
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