**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: DosePlacement Date Expiration Date |
| Pads Expiration Date:Battery Replaced on: | Lot DosePlacement 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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