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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Cabinet secure** | **AED**  **in place** | **Indicator light blinking** | **EAI Secure  in cabinet**  **Fluid Clear** | **Naloxone Secure and**  **Quantity Accurate** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Retain this log for 5 years per [NYSED ED-1 Retention Schedule 4[329]](http://www.archives.nysed.gov/records/retention_ed-1)

This sample resource is located on the NYS Center for School Health website at: [www.schoolhealthny.com](http://www.schoolhealthny.com) 2/2019