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

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

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

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