

# Keizer Fire District



"Committed to Excellence - Dedicated to Service"

## AED Loaner Check List (AED-2)

Name:	
Address:	
Phone Number:	
Affiliation:	
Reason for Loan:	
Requested AED Return Date:	

- ID Checked
- Current CPR Card
- AED Instructional Video Viewed
- Date Out: \_\_\_\_\_
- Pads Inspected: Pediatric  Adult
- Battery Inspected
- Machine is Operational

\_\_\_\_\_  
Keizer Fire District Employee

\_\_\_\_\_  
Date

- Date Back In: \_\_\_\_\_
- Pads Inspected: Pediatric  Adult
- Battery Inspected
- Machine is Operational

\_\_\_\_\_  
Keizer Fire District Employee

\_\_\_\_\_  
Date