



AED DAILY & QUARTERLY CHECK SHEET

MARIN COUNTY EMS AGENCY
 1600 Los Gatos Drive #220, San Rafael, CA 94903
 ph. 415-473-6871 fax 415-473-3747
 www.MarinEMS.org

**When Completed Return to the EMS Agency
 (Please Initial)**

1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____
6 _____	6 _____	6 _____
7 _____	7 _____	7 _____
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18 _____	18 _____	18 _____
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22 _____	22 _____	22 _____
23 _____	23 _____	23 _____
24 _____	24 _____	24 _____
25 _____	25 _____	25 _____
26 _____	26 _____	26 _____
27 _____	27 _____	27 _____
28 _____	28 _____	28 _____
29 _____	29 _____	29 _____
30 _____	30 _____	30 _____
31 _____	31 _____	31 _____

Quarterly:
 Pocket Mask _____ Gloves _____ Sterile Wipes _____

General Condition _____ Expiration Dates _____ Replace Date Tag _____

Supervisor Signature _____ Date _____