AED LOG

Location: _____ Type: _____

Custodian: _____ Month(s)/Year: _____ Serial/Inventory #: _____

Date	Operational	Spare Batt.	Spare Batt. Exp.	Pads (2 sets)	Pads Exp.	Data Card	Mask	Razor	Towlette	Gloves	Shears	Other/Comments	Init.

Revised: 3/07