



CLACKAMAS FIRE DISTRICT #1

AED Loan-Out Check List

Name:	
Address:	
Phone Number:	
Affiliation:	
Reason for Loan:	
Anticipated Duration of Loan:	

- ID Checked
- Current CPR Card
- AED Familiarization Video Reviewed

- Date Out: _____
- Pads Inspected: Pediatric Adult:
- Batteries Inspected:

- Date Returned: _____
- Pads inspected: Pediatric Adult:
- Batteries inspected