

**EMERGENCY RESPONSE PLAN CHECKLIST FOR  
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Initial Date: \_\_\_\_\_

Annual Update (Due by October 1<sup>st</sup>): \_\_\_\_\_

**Location of AED and Notification of Fire Department**

- Location of AED: \_\_\_\_\_
- Location of AED marked on building emergency maps
- Signs posted in building to point out location of AED
- Card placed on AED directing user to call 911
- Local fire department notified of location of AED on (date): \_\_\_\_\_  
Notification is required for initial placement only. If location of AED is changed, notify fire department of new location.
- Local fire department notified of change in location of AED on (date): \_\_\_\_\_
- PCFD 5 (Gig Harbor) 851-3111       PCFD 16 (Key Peninsula) 884-2222

**Maintenance of AED**

<input type="checkbox"/>	Manufacturer's operational guidelines reviewed and on file
<input type="checkbox"/>	Staff assigned to complete required daily/monthly check(s)

**Defibrillator Response Team (DRT)**

Employee	Expiration Date of CPR/AED Card	Date Training Documentation Sent to HR

**Staff Training**

- Annual review with building DRT completed on (date): \_\_\_\_\_
- All DRT members have current CPR/AED card
- All building staff notified of AED location and procedures

\_\_\_\_\_  
Principal/Site Administrator Signature

\_\_\_\_\_  
Date Submitted

**This form is to be completed at time of initial purchase of AED and annually thereafter. Keep a copy of completed form in the building's AED file, and forward the original completed form to the Director of Student Services.**