



AED Loaner Check List

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

- Date Checked Out:** _____
- Pads Inspected: ___ Pediatric ___ Adult
- Battery Inspected
- Machine is Operational

Check-Out Inspected by Park District Employee: _____ Date: _____

- Date Returned:** _____
- Pads Inspected: ___ Pediatric ___ Adult
- Battery Inspected
- Machine is Operational

Return Inspected by Park District Employee: _____ Date: _____