

<u>SUPPLEMENTAL AED FORM 2</u> (Multiple defibrillators and the same inspector)

SITE AND INSPECTOR

Organization / Location name:				
Address:				
Inspector Name:				
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AED INFORMATION				
* Please be as accurate as possible, especially in the placement details. For expiry dates, please use the format: mm/dd/yyyy.				
Manufacturer/Make:			Placement details:	
AED model (e.g. Onsite, Lifeline,				
FR2, semi, Pro, CR Plus, 500P):				
Serial number:				
First installation date:				
Battery model:				
Battery expiry date:				
Adult pads model:				
Adult pads expiry date:				
Spare adult pads model:			Pediatric pads model:	
Spare adult pads expiry date:			Pediatric pads expiry date:	
Public or Private:	Availability (if p	oublic):		
AED INFORMATION				
* Please be as accurate as possible, espe	ecially in the placem	ent details.		mat: mm/dd/yyyy.
Manufacturer/Make:			Placement details:	
AED model (e.g. Onsite, Lifeline,				
FR2, semi, Pro, CR Plus, 500P):				
Serial number:				
First installation date:				
Battery model:				
Battery expiry date:				
Adult pads model:				
Adult pads expiry date:			D - di -ti d d - l.	
Spare adult pads model:			Pediatric pads model:	
Spare adult pads expiry date:	A '1 1 '1'1 ('6	11.	Pediatric pads expiry date:	
Public or Private:	Availability (if p	oublic):		
AED INFORMATION * Please be as accurate as possible, especially in the placement details. For expiry dates, please use the format: mm/dd/yyyy.				
	ecially in the placem	ent details.		mat: mm/dd/yyyy.
Manufacturer/Make:			Placement details:	
AED model (e.g. Onsite, Lifeline,				
FR2, semi, Pro, CR Plus, 500P): Serial number:				
First installation date:				
Battery model: Battery expiry date:				
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Adult pads expire date:				
Adult pads expiry date:			Dodiatria pada madali	
Spare adult pads model:			Pediatric pads model:	
Spare adult pads expiry date:	Availability (if	nublio):	Pediatric pads expiry date:	
Public or Private:	Availability (if p	Jublic).		