OKLAHOMA DEPARTMENT OF CORRECTIONS
DAILY/MONTHLY AED/NARCAN INSPECTION LOG

Facility: ________________________  Month/Year: ________________________

Building: ________________   AED Location: ___________________________   AED Serial No.:___________________   AED Battery Date: _____________________

Staff will initial verifying they have conducted the daily maintenance check of the AED. The daily maintenance check will include verification that the light on AED is "Green". If status light is "red" notify CHSA or designee and refer to troubleshooting table in the "Instructions for Use Guide" located in back pocket of AED case.

| Daily AED Maintenance Check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AED Light is Green (✓)     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Initials                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MONTHLY CHECK - AED (✓)

- Date
- AED Secured in Case
- Battery Status and within the manufactures expiration date
- Electrodes in place and within the manufactures expiration date
- AED Operation Verified *(see below for list)

Initials

*Operation Checklist:
1. Verify battery is not expired (expires 4 years from date)
2. Open the AED lid.
3. Wait for the AED to indicate status: Observe the change of the STATUS INDICATOR to RED. After approximately five seconds, verify that the STATUS INDICATOR returns to GREEN.
4. Check the expiration date on the electrodes. (Replace if expired)
5. Listen for the voice prompts.
6. Close the lid and observe the change of the STATUS INDICATOR to RED. After approximately five seconds, verify that the STATUS INDICATOR returns to GREEN. If the STATUS INDICATOR does not return to GREEN: Contact CHSA or designee.

MONTHLY CHECK - NARCAN (✓)

- Date
- Naloxone kits stored in a manner consistent with manufacturer guidelines.
- Naloxone kits protected from direct sunlight and stored in an area between 59 – 86 degrees.
- Naloxone kits kept in a secure area that is accessible to trained staff.
- Naloxone within the manufactures expiration date

Initials

*Operation Checklist:
1. Naloxone kits stored in a manner consistent with manufacturer guidelines.
2. Naloxone kits will be protected from direct sunlight and be stored in an area between 59 – 86 degrees.
3. Naloxone kits will be kept in a secure area that is accessible to trained staff.
4. Damaged or expired kits reported to the Correctional Health Services Administrator (CHSA) or designee.

Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial  | Staff Name | Initial

DOC 140118A (1/2020)