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**Community emergency equipment check record sheet**

**Dental Access:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Date | AED green light check  **DAILY** | Grab bag contents correct and in date?  **Every 7 days and following use** | AED case contents correct and in date?  **Every 7 days and following use** | O² cylinder(s) in date and over ½ full?  **Every 7 days and following use** | Signature | Comments |
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**Please action any changes immediately, contact the Resus Team (01793 604535) for further information.**

**Thank you.**

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**Community emergency equipment check record sheet**

**Chippenham Dental Access**

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**Community emergency equipment check record sheet**

**Chippenham Dental Access**

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