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**Community emergency equipment check record**

**MIU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| Date | AED green light flashing?  **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** | Anaphylaxis box /drugs correct and in date? (not to be kept in grab bag)  **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.**