

[illegible]

		Student initials											
	IF NO SHOCK ADVISED CHECK FOR BREATHING AND EITHER CONTINUE CPR OR PLACE VICTIM IN RECOVERY POSITION AS APPROPRIATE												
2 OPERATOR CPR	AS PRIMARY RESCUER (BREATHS)												
	AS SECONDARY RESCUER (COMPRESSIONS)												
REPORTING REQUIREMENTS	INCIDENT REPORT FORMS IN THE WORKPLACE												
	NOTE TAKING DURING INCIDENT												
USE OF AED													
PRE-USE CHECKS	PRE-USE CHECK OF AED TO ENSURE IT IS FUNCTIONAL												
	PRE-USE CHECK OF AED TO ENSURE IT IS FULLY CHARGED												
	PRE-USE CHECK OF AED TO ENSURE ALL COMPONENTS ARE PRESENT												
	PRE-USE CHECK OF PADS TO ENSURE THEY ARE IN DATE												
TROUBLESHOOTING (DISCUSS PROBLEMS)	IS CHEST DRY AND HAIR FREE												
	ARE PADS FREE FROM DAMAGE, FIRMLY ATTACHED AND PLUGGED IN												
	IS THE BATTERY CHARGED												
AFTER USE CHECKS	DISCARD DISPOSABLE ITEMS AND RESTOCK												
	RE-CHARGE UNIT AND STORE IN A MANNER TO SAFEGUARD AGAINST DAMAGE												
	REPORTS SUBMITTED, WHERE APPROPRIATE												

Student to initial

Instructor to initial

Date
