

## Appendix F

### Comprehensive Annual AED Program Review

This form must be completed annually the AED program manager or his/her alternate.

Program Element	Status	Comments or Action
Does the campus have a written plan for AEDs?		
Has the plan been reviewed/revised within the past two years?		
Does the plan accurately reflect current practice?		
Has the medical director approved the plan and has this fact been documented?		
Has the local primary emergency medical services provider or emergency communications district approved the plan?		
Has a person or department been identified to manage this program?		
Has a medical director been identified?		
Is there a master inventory of AEDs?		
Is there written approval from a physician with respect to approved locations?		
Has each department that owns an AED submitted an annual review?		
Are there any outstanding items?		
Have there been any recalls or safety notices associated with the AEDs on campus?		
Other program elements		

Review conducted by: \_\_\_\_\_ Date: \_\_\_\_\_