Document Type: Exhibit
Number: 6.01jjj
Effective: 10-28-13

Revised:

Legal References:

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MAINTENANCE CHECKLIST

| Date L | ocation | |
|--|---------|----------------------------|
| Inspection Performed by (Print) | | |
| CRITERIA | STATUS | CORRECTIVE ACTION/COMMENTS |
| Self-check system indicates unit OK for user (green light is flashing) | | |
| Adult electrode pad in date (in AED unit) | | |
| Battery date | | |
| Extra adult electrode pad in date | | |
| Child electrode pad in date | | |
| First Aid Kit (available & stocked with supplies in date and replace all expired items as needed, band aids, solutions, creams etc.) | | |
| AED cabinet re-secured (batteries/alarm functional) | | |
| Items present and accounted for: CPR mask, 3 pair of gloves, razor, scissors, adsorbent cloth, event form | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |