

**University of South Florida AED Program
Field Assessment Form**

Assessment Type (Circle): Initial / Reassessment
Department:
Contact Name:
Telephone:
Email:

Program Complete	(Yes / No)
Inspection/Maintenance Records	(Yes / No)
Training Records	(Yes / No)
Response Plan	(Yes / No)
Training Plan	(Yes / No)
Maintenance Plan	(Yes / No)

Designee Current: (Yes / No)

If no:

Name: _____

Phone: _____

Email: _____

Serial #	Brand	Location Description	24/7 (Y/N)	Pad Exp.	Batt. Exp.	IS/OS*	Registered (Y/N)	Marked	Software Current	Notes

Recommendations:

*IS= In-Service (Operable), OS= Out of Service (Not Operable)

Evaluator Name: _____ Evaluator Signature: _____ Date: _____

Contact Name: _____ Contact Signature: _____