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 To be completed at least once a week. See Page 15 of your information booklet for the checklist.



AED Checklist Register

Device Location/Name	
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Date	Full Checklist Completed	Name	Signature
01/01/2021	✓	Mr Sussexheart	Mr Sussexheart

Please report any faults or concerns to the named Guardian for this device.

Name and or contact details for the Guardian.

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