

AED DRILL CHECKLIST
(Please print)

SCHOOL _____ **DATE:** _____

Location of Victim: _____

Time drill started: _____ Time drill ended: _____

1. Time victim discovered by school staff member _____
2. First responder response:
 - Called for help (vocal) _____
 - Called for help (phone) _____
 - Started CPR assessment, then called for help
 - Ran for help
 - Other _____
3. Time drill announcement made by office staff _____
4. Time Rescuer 2 arrived on scene _____
5. How many people responded to the scene? _____
6. School's administrator notified? Yes _____ (time) No
7. Time CPR started _____
8. CPR started by First Responder? Yes No
CPR performed by _____ (name)
9. Time AED sent for _____ Time AED arrived at scene _____
10. Time AED attached to victim _____
11. Name of person managing AED use _____
12. Staff member sent to await and give directions to EMS? Yes No

Post Drill Debriefing

1. What went well? _____

2. What needs to improve? _____

Completed by: Name _____ Phone _____

Send completed copy to:

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