



**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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