



# INSPECTION REPORT

LifeSafe Services LLC  
Phone: (904) 730-4800  
[service@lifesafeservices.com](mailto:service@lifesafeservices.com)




Inspection Cycle:  
Inspection Code:  
Map Code:  
Account Number:  
Unit Number:  
Date Inspected:  
Date Demo'd:  
Email:

Contact Name
Contact Phone
Unit Location
Alternate Contact
Alternate Phone

### DIRECTIONS:

Mask _____	Serial # _____
Tubing _____	Model & Make _____
Case _____	Type of Service _____
Flowrate _____	AED Housing _____
Delivery Pressure _____	Battery Lot # _____ Exp _____
Ratchet _____	Spare Battery _____ Exp _____
Last Refill Date _____	Electrodes Lot # _____ Exp _____
Seal Replaced _____	Spare Electrodes _____ Exp _____
SPW # _____	Ped Pads Lot # _____ Exp _____
LOT # _____	AED Software Version _____
Regulator S/N _____	Software Upgrade Date _____
Change Date _____	Event Date _____
HTD _____	Demo Date _____
	Is AED visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does Client have Medical Direction? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES:

_____ LifeSafe Services Representative	_____ Client Signature
<b>Does this facility meet the "3 Minutes from Drop-to-Shock" recommendation?</b>	

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