University of South Florida AED Program
Field Assessment Form

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

Program Comp[illegible] (Yes / N	

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