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| ***Trainee Name*** |  | ***Title*** |  |

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| **Training Area** | **Date Completed** | **Trainee’s Initials** |
| 1. Video review |  |  |
| Please go to the link below and watch the video on the use of the AED |  |  |
| <https://www.youtube.com/watch?v=X4eCERbY9A4> |  |  |
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| *The above listed individual was found to be competent to Perform the Test System Listed above* | | | |
| ***Trainers Signature*** |  | ***Date*** |  |
| ***Trainer’s Name*** |  | ***Title*** |  |