

Dial 999 or 112

Airway

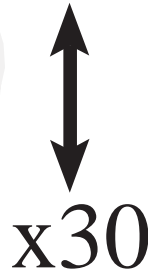


Breathing



C.P.R.

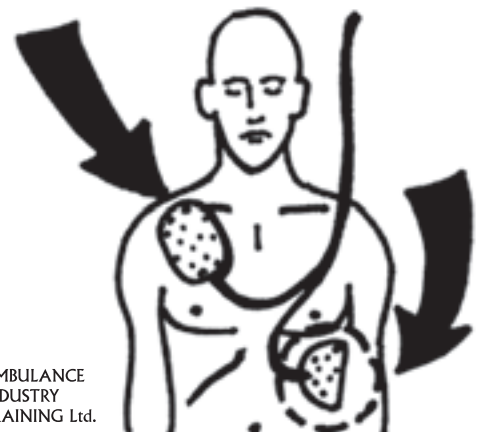
x2



x30



Defibrillator



On-site A.E.D. operator(s)

Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____