AED Registration Form

Area/Unit/Clinic Information:

Name of area/clinic/unit: ________________________________________________

Address of area/clinic/unit: _____________________________________________

Area/clinic/unit Manager/Leader: _________________________________________

Physical Location of AED: ______________________________________________

_______________________________________________________________________

Number of staff trained in CPR/AED skills: ______

This area/unit/clinic cares for patients under 8 years of age: [ ] Yes [ ] No

AED Owner/AED Designated Owner Information:

Name: __________________________________________________________________

Email Address: __________________________________________________________________

Phone #: ___________________________________________________________________

Expected User(s):

[ ] Staff and Laypersons (public) trained in CPR/AED skills – The AED is located in a public area and is accessible to everyone

[ ] Only Staff trained in CPR and the use of an AED – The AED is located in a clinical area and is only accessible by staff

Policy acknowledgement:

As the leader/owner/designated owner of an AED, I acknowledge that I have read and understand policy OP 10-10.33 and agree to perform checks and inspections of the AED as outlined in this policy and to document these checks and inspections on the form provided. I will make this documentation available when requested.

______________________________   _____/_____   ______________________________   _____/_____   
Manager/Leader                               AED Owner/AED Designated Owner