

Notice of New Automatic External Defibrillator Program Alameda County EMS Agency

	AED:	Initial	Renewal	AED Relocated	Update	
Location of AED						
Company Name:						
Company Address:						_
	Street	On.	Site Contact I	City nformation	State Zip	
	_					
E-mail of On-Site O	_					_
Phone of On-Site C	Contact: _					_
Alternate E-mail:				Alternate	e Phone:	
AED Training/Equipment						
Floor and Location	Informatio	n:				_
Person/Organization Performing Training:						
Phone of Training Organization:						
Make, Model, Serial number, and Specific Location of AED Unit(s):						
December 2 District (O. (1. 1)						
Prescribing Physician (Optional)						
Prescribing Physicia						-
Prescribing Physicia	an's Phone:	:				-
I have placed an Automatic External Defibrillator at the following location. I am serving as the prescribing physician for this public access defibrillation program as described in the California Code of Regulations, Section 100031 through 100041.						
Signature:					Date:	_
			_		(MM/DD/YYYY	Y)
Please complete a separate form for each AED Location. Please mail or email this completed form to Alameda County EMS Agency, Cynthia Frankel, AED/PAD Program Coordinator, 1000 San Leandro Blvd, Suite 200, San Leandro, CA 94577, Phone: (510) 618-2031 E-mail: cynthia.frankel@acgov.org						
FOR EMS AGENCY USE ONLY						
Received By:			Date: _	Date Disp	oatch Notified:	
			((MM/DD/YYYY)	(MM/DD/YYYY	Y)