



Notice of New Automatic External Defibrillator Program Alameda County EMS Agency

AED:	Initial	Renewal	AED Relocated	Update
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Location of AED

Company Name: _____

Company Address: _____

Street City State Zip

On-Site Contact Information

Name of On-Site Contact: _____

E-mail of On-Site Contact: _____

Phone of On-Site Contact: _____

Alternate E-mail: _____ Alternate Phone: _____

AED Training/Equipment

Floor and Location Information: _____

Person/Organization Performing Training: _____

Phone of Training Organization: _____

Model Name and Specific Location of AED Units:

Number of individuals that completed training and are authorized to use AED: _____

Prescribing Physician (Optional)

Prescribing Physician's Name: _____

Prescribing Physician'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)

Please complete a separate form for each AED Location. Please mail 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 Fax: (510) 618-2099. E-mail: alcoems@acgov.org

FOR EMS AGENCY USE ONLY

Received By: _____ Date: _____ Date Dispatch Notified: _____

(MM/DD/YYYY) (MM/DD/YYYY)