



**19-0101A - Public Access Defibrillation -
Automated External Defibrillator (AED) - Site Notification Form**

Directions:

1. Please use one form for each street address/location at which an AED is located.
2. Submit a copy of the form to Nor-Cal EMS AED Program at: mail@norcalems.org.

Date: _____ PAD Program Name: _____

County: _____ PAD Program Coordinator: _____

PAD Coordinator phone: _____ Email: _____

Medical Director name, if assigned: _____

Site Coordinator Name: _____ Phone: _____

Email: _____

AED Site Location Name: _____
(e.g. name of business, facility):

Address of AED: _____

Description of AED specific location: _____
(e.g. storeroom, kitchen, office, etc.)

AED	
AED Manufacturer	
Model Number	
Serial Number	
Install Date	
Battery Expiration Date	
Electrode Expiration Date	
Ped Electrode Expiration Date	
Last AED inspected date	

PAD Program Coordinator Signature: _____

Name: _____

Please initial in the space provided next to your preference.

_____ I approve of the EMS Agency sharing Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that a registered citizen responder may come to my location to assist during a cardiac arrest.

_____ The EMS Agency should not share my Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that the EMS Agency is required to provide this information to other parties in response to a public records act request.