NOTIFICATION OF AED PLACEMENT

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| Location of AED | |
| Name of Building, Business or Complex |  |
| Physical Address of deployed AED |  |
| Nearest Cross Street (for dispatching purposes) |  |
| Type, Number and Specific Location of AED units in facility |  |
| AED Location in Building or Site  \*For multiple locations in the same building please list each location |  |

|  |  |
| --- | --- |
| On-Site Contact Information | |
| Name and Position of On-Site Contact |  |
| Employer of On-Site Contact (Contractor Jobs) |  |
| Phone Number of On-Site Contact | ( ) |
| Physical Address of On-Site Contact |  |
| Email Address of On-Site Contact |  |

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| --- | --- |
| CPR/AED Training | |
| Number of persons trained in CPR/AED use |  |