

Public Access Defibrillation AED Registration Form

This form must be downloaded and all required fields filled to enable the submit button.

I am registering a new AED

I am updating a registered AED

Location Information			
Date:			
Location / Building Name:			
Street Address:			
City / Province / Postal Code:			
Contact Name:			
Contact Email Address:			
Contact Phone Number:			
Internal Activation Number:			
(internal number activation is not mandatory but if used must be answered by a person not an automated system)			
AED Information			
Manufacturer:			
Type / Model:			
Serial Number:		Install Date:	
Battery Information			
Battery Type:			
Battery Expiry:			<input type="checkbox"/> Installed
Battery Expiry:			<input type="checkbox"/> Installed
(if more than one battery)			

Electrode Pad Information

Electrode Pad Type:	
Electrode Pad Expiry:	<input type="checkbox"/> Installed
	<input type="checkbox"/> Installed
(if more than one electrode pad)	
Electrode Pad Type:	
(if more than one type of electrode pad)	
Electrode Pad Expiry:	<input type="checkbox"/> Installed
	<input type="checkbox"/> Installed
(in more than one electrode pad)	

AED Availability

Public: Available to be used both at this site and at nearby offsite locations.

Private: Available to be used at this site only.

Private with Responders: Available to be used at this site, but responders can take the AED offsite.

Daily Availability

Seasonal Availability

Placement Details
(short easy description of location e.g. on North wall beside washrooms)



AED Inspector

Name:	
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Phone Number:	
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Email Address:	
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Responders

Name:	
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Phone Number:	
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Email Address:	
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<input type="checkbox"/> Voice and Text message	<input type="checkbox"/> Voice message only	<input type="checkbox"/> Text message only
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Name:	
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Phone Number:	
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Email Address:	
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<input type="checkbox"/> Voice and Text message	<input type="checkbox"/> Voice message only	<input type="checkbox"/> Text message only
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Name:	
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Phone Number:	
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Email Address:	
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<input type="checkbox"/> Voice and Text message	<input type="checkbox"/> Voice message only	<input type="checkbox"/> Text message only
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Name:	
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Phone Number:	
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Email Address:	
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<input type="checkbox"/> Voice and Text message	<input type="checkbox"/> Voice message only	<input type="checkbox"/> Text message only
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Notes

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