

Sample AED Site Information Form for EMS

Company name: _____

Site/location: _____

Site address: _____

Type of business: _____

Work hours (reg/shift hrs): _____

Number of people at site each day: _____

AED program coordinator: _____

Telephone #: _____ Fax #: _____

e-mail: _____

Type of AED (manufacturer and model number): _____

Number of AEDs: _____

Location of AEDs: #1 _____ #2 _____

#3 _____ #4 _____

#5 _____ #6 _____

Date AED put into service: _____

Training program: _____

Name of instructor: _____ Tel.# _____

Number of people trained: _____

Date training completed: _____ Renewal date: _____

Medical director: _____ Tel.#: _____

Local fire dept: _____



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This sample is intended as a starting point. It must be modified in accordance with the directions of your medical advisor, and reflect applicable laws and regulations. Adapted with permission from the King County EMS Community Responder Site Information Form.

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