

## **Public Access Automated External Defibrillation (AED) Registration Form**

Thank you for considering public access defibrillation for your company or organization. This may be a valuable, life-saving service for your employees and/or visitors. To assist you in compliance with the rules set forth by the Illinois Department of Public Health, we are utilizing this form for registration. Please complete the information requested. This will formally register you with the Will/Grundy EMS System. The EMS office will notify the appropriate EMS and dispatch agencies that would be activated in the event of an emergency in your facility.

Company Name or Organization \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Contact Phone(s) \_\_\_\_\_

\_\_\_\_\_  
Company or Organization Address

\_\_\_\_\_  
City State Zip

What type of setting will the AED primarily be utilized? Office Industrial Public Other \_\_\_\_\_  
(Choose the most appropriate)

What type of AED will be utilized? Brand \_\_\_\_\_

Model \_\_\_\_\_

How Many? \_\_\_Adult \_\_\_Pediatric

What training program will you use for the personnel? American Red Cross American Heart Association

How many personnel will be trained? \_\_\_\_\_ How often will re-training occur? \_\_\_\_\_

Describe how you will assure that the AED is operated by trained personnel initially and in the future.

Where will the AED be located?

How is EMS activated in an emergency from your location? 911 \_\_\_\_\_ Other \_\_\_\_\_  
(Explain)

What Fire Department or Fire Protection District provides service to the your location?

Do you have a maintenance agreement for the AED? Yes No

If no, how will routine testing or maintenance performed?

