



Yolo County Emergency Medical Services Agency AED

Revised Date: July 15, 2019

PUBLIC ACCESS DEFIBRILLATION (PAD) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM APPLICATION FORM

Company Name: _____ Type of Business: _____
 Physical Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Phone #: _____ Email: _____
 Number of Personnel Trained: _____ Trained by: _____
 Training Program: American Heart Association (AHA) American Red Cross Other
 Name of Oversight Physician: _____ Phone #: _____

Do all employees know the location of the AED? Yes No

How were employees notified? Newsletter Email Verbal Other _____

AED Manufacturer: Cardiac Science Defibtech Heartsine Medtronic Philips
 Zoll Other

AED Models:

- AED Plus
- HeartStart FR2+
- Lifeline
- Lifepak 500
- Lifepak Express
- Powerheart Pro
- Other: _____
- AED Pro
- HeartStart FR3
- Lifeline Automatic
- Lifepak 1000
- Powerheart G3 Plus Semi-automatic
- Samaritan
- HeartStart FRx
- HeartStart OnSite
- Lifeline View/ECG/Pro
- Lifepak CR Plus
- Powerheart G3 Plus Automatic
- Samaritan PAD

AED Aviation Model:

- HeartStart FRx
- Lifeline View/ECG/Pro
- Powerheart G3 Plus

Is your AED approved for pediatric use? Yes No

Total Number of AED(s)? _____ Date AED(s) placed into service? _____

Is AED capable of one (1) shock & two (2) minutes of cardiopulmonary resuscitation (CPR) (which meets current AHA guidelines)? Yes No

Location(s) of AED(s)? _____

I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature of Contact Person _____

Date _____

*This application and all required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: