



Public Access Defibrillation AED Site Notification
Please complete a separate form for each AED at your location.

LOCATION OF AED		
Business Name:		
Name of Building or Complex:		
Street Address:		
City:	Zip:	Nearest Cross Street:
Specific location of AED unit at this address. Include floor, area and site-specific location(for additional units please list on a separate form):		AED unit model name and number:
ON-SITE CONTACT INFORMATION		
Name of Program Coordinator:		
Physical Address : (If different from above)		
City:	Zip:	Phone:
Email:		Fax:
On-site contact: (If different from above)	Phone:	Email:
MEDICAL DIRECTOR		
Name of Medical Director:		
Address:		City:
Zip:	Phone:	Email:
Fax:	CA Medical License #	
AED Program Medical Director: As the registered Medical Director for this PAD/AED Service Provider, I certify that I have read, understood, and will comply with the requirements of the following regulations relating to Public Access Defibrillation and Automatic External Defibrillation (<i>copies enclosed</i>): <ul style="list-style-type: none">Health and Safety Code, Division 2.5, Section 1797.190 and 1797.196. Automatic External Defibrillators.California Code of Regulations, Title 22, Division 9, Chapter 1.8. Training Standards and Utilization for Use of the Automated External Defibrillator by Non-Licensed or Non-Certified Personnel.California Civil Code, Sections 1714.2 and 1714.21. Release of Liability for Authorized CPR and AED Providers.Health and Safety Code, Section 104113. Requirements for Health Clubs and Health Studios (<i>if applicable</i>).		
Signature		Date

Please complete and submit to the San Luis Obispo County EMS Agency by mail, fax or email:

AED Program Coordinator
San Luis Obispo County EMS Agency
2156 Sierra Way
San Luis Obispo, CA 93401
Fax: (805) 788-2517
Email: vstone@co.slo.ca.us