



County of Santa Clara Emergency Medical Services System

Policy #914:
Public Access Defibrillation (PAD) AED
Site Notification

PUBLIC ACCESS DEFIBRILLATION (PAD) AED SITE NOTIFICATION

Directions:

- Please use one form for each street address at which an AED is located
- Submit to the Santa Clara County EMS Agency

AED Program Name: _____

Location of building/complex _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Specific Locations:

List the location of each AED at this address (include floor, area, site-specific location information & number of devices at each location).

Site Contact Information

On-Site Contact

Name: _____ Phone: _____

Email: _____

PAD Program Coordinator

Signature: _____ Date: _____

Please initial in the space provided next to your preference.

_____ I approve of the EMS Agency sharing Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that a registered citizen responder may come to my location to assist during a cardiac arrest.

_____ The EMS Agency should not share my Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that the EMS Agency is required to provide this information to other parties in response to a public records act request.