

The St. Mary's Foundation Public Access Defibrillation Program

Name of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical address and location of where AED inside the facility placed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Primary Contact for AED: \_\_\_\_\_

Email: \_\_\_\_\_

Device Type \_\_\_\_\_

SN # \_\_\_\_\_

Installation Date \_\_\_\_\_

Install Battery Exp: \_\_\_\_\_

Spare Battery Exp: \_\_\_\_\_

Installed Pads Exp: \_\_\_\_\_

Spare Pads Exp: \_\_\_\_\_

Peds Pads Exp: \_\_\_\_\_

Spare Peds Pads Exp: \_\_\_\_\_

Peds Key \_\_\_\_\_