

## Notification of New Public Access Defibrillator Site

Location of AED	
Name of Building, Facility or Complex	
Address of AED Location City, State, ZIP Code	
Exact Location of AED (Bldg., Floor, Rm.)	
AED Manufacturer and Model Number	
Is the AED accessible to the public? (If public access is available, please indicate days and hours.)	
Best Street Access	
Is the AED in an alarmed box?	
Maintenance/Expiration audit frequency	

On-Site Contact Information	
Name of On-Site Contact	
Employer of On-Site Contact	
Phone Number of On-Site Contact	
Physical Address of On-Site Contact	
Email Address of On-Site Contact	
Mailing Address of On Site Contact	

**Please use additional forms for each AED Location.**

Please fax or email form to the Santa Barbara County EMS Agency at:

Fax - 805-681-5142

Email - phdems@co.santa-barbara.ca.us

Questions? Please call 805-681-5432

For Internal Use Only	Received	Date:	By:
PSAP Notified		Date:	By:
FD Notified		Date:	By:
Ambulance Notified		Date:	By: