



**Public Access Defibrillation (PAD)
AED Site Notification
EMS 914**

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 Information

Name of Building or 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: _____

PAD Program Medical Director

Signature: _____ Date: _____