

# Municipality of Anchorage - Anchorage Fire Department A.E.D. Registration Form

Use Tab/Shift-Tab or arrow keys to move between fields. Avoid using Enter key.

Company/Agency Name \_\_\_\_\_

Site Address / Location \_\_\_\_\_

\_\_\_\_\_, AK \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_

Average # of employees on-site per day: \_\_\_\_\_ Average # of public/visitors per day: \_\_\_\_\_

AED Program Coordinator \_\_\_\_\_

E-Mail address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Medical director \_\_\_\_\_

Telephone # \_\_\_\_\_

Training program: \_\_\_\_\_ Number of people trained: \_\_\_\_\_

Is there a re-training plan to maintain competencies in place?  Yes  No

Biomedical equipment maintenance plan in place?  Yes  No

Who performs manufacturer recommended maintenance? \_\_\_\_\_

## Individual AED Unit Information

#1 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_

#2 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_

#3 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_

#4 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_

#5 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_

#6 Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Is the AED accessible to the public?  Yes  No Date put into service: \_\_\_\_\_