



**Defibrillator Registration Form – Attachment 1**  
**Southern Illinois University Carbondale**

Department Name: \_\_\_\_\_

Department Address:

\_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact FAX: \_\_\_\_\_

What is the primary function of your department?

In what type of area will the AED(s) be available (i.e., office, industrial, public assembly)?

What type(s) of defibrillator(s) will you be using and where?

Defibrillator brand/model	Specific Location	Individual responsible for maintenance and training for this AED

Indicate how you plan to ensure the monitor is operated by trained AED users and how this training will be obtained.

Are your AED users current in CPR training?      Yes    No

If not, explain: \_\_\_\_\_

Describe how your local EMS provider (i.e., rescue squad, ambulance) is contacted.

Do you have a maintenance service and testing agreement for your AED? Yes No

If no, please describe provisions for unit maintenance and testing.

This provider agrees to:

1. Take reasonable measures to assure the AED is used by trained AED users.
2. Maintain documentation indicating that all personnel authorized to use the AED must be on file or available to the EMS system and the Illinois Department of Public Health (IDPH).
3. Maintain, service, and test the AED according to manufacturer's guidelines.
4. Establish an in-house quality assurance plan and "post-event" procedures, including steps to notify the EMS system of any incident which results in the AED being taken to a person.
5. Submit documentation (PAD Utilization Form and AED recordings) to the EMS system of any event, incident or situation that results in the use or possible use of the AED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_