

Hillsborough County AED Registration

Notice	When Complete, please return form by Mail, Fax, or Email		
	Mail Dennis LeMonde 911 Administration 9270 Bay Plaza Bl, Suite 600 Tampa, FL 33619	Fax 813-744-5857	Email LeMondeD@HillsboroughCounty.org
	This form is <input type="checkbox"/> New <input type="checkbox"/> Change (Please send form any time there is a change of AED information)		
	IMPORTANT: <ul style="list-style-type: none"> All employees/residents should know of the AED A written Emergency Action Plan should be established and distributed Fire/Rescue should be notified when AED used 		
	Office Use <input type="checkbox"/> 911 Center Notified <input type="checkbox"/> Decal Issued		

Contact Info	Organization		
	Street Address		
	City	State	FL
	Zip		
	Contact Person		
	Telephone	Fax	
Email			

AED Info	# Purchased	Manf	Type
	Exact AED Locations (Provide specifics, including address if necessary)		
	1. 2. 3. 4. 5.		
	Location Type		If Other, please specify
	Physician Prescription Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of People Trained	Training Rcvd From
	Is there a certain time of day when the AED(s) will be unmanned? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain
Phone # for any location(s) manned 24 hours/day		# for any telephone(s) located near the AED(s)	
1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	

Additional Info	Please note any additional or more specific information you think may be helpful