



**PUBLIC ACCESS DEFIBRILLATION (PAD)  
AED SITE NOTIFICATION**

**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 of building/complex \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Specific Locations:**

List the location of each AED at this address (include AED manufacturer and model, floor #, area, site-specific location information & number of devices at each location).

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**Site Contact Information**

**On-Site Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PAD Program Coordinator**

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

**Please initial in the space provided next to your preference.**

\_\_\_\_\_ I approve of the EMS Agency sharing Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that a registered citizen responder may come to my location to assist during a cardiac arrest.

\_\_\_\_\_ The EMS Agency should not share my Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that the EMS Agency is required to provide this information to other parties in response to a public records act request.