

AED Placement Notification Form

(as required by K.S.A. 65-6149a(a))

The Emergency Medical Service which operates in the geographic area of the location of the automated external defibrillator.

Name

Address

Phone

Fax

Local EMS Director (or designee)

(Please Print)

(Signature)

(Date)

Person or entities acquiring an automatic external defibrillator

Name

Address

Phone

Fax

Name of Prescribing Physician (as described in K.S.A. 65-6149a(c)(3))

(Please Print)

(Signature)

(Date)

Location of AED Placement

Model & Serial Number of AED

Expected date of placement of AED

Date Notified of AED Placement

Initial CPR/AED Training Date

Number of trained individuals

Person placing the AED

(Please Print)

(Signature)

(Date)

Management of AEDs (Optional)

Name of Local dispatch agency

Frequency of maintenance/Inspection

Responsible person/department

Please complete a form for each AED being placed.

This form is provided by the Kansas Board of Emergency Medical Services

Landon State Office Building, Room 1031

900 SW Jackson Street

Topeka, Kansas, 66612-1228