

Public Access AED

Contact Info:

Name of Individual: _____
Name of Group: _____
Phone Number: _____
E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Dates to be loaned: _____

Please briefly describe the event you want/wanted the AED to be present for :(e.g. family reunion, golf outing,concert,etc.): _____

Estimate on how many people will be attending the event? _____

Risk group of attendees? (Circle one) High / Medium / Low
How did you find out the AED was available for using?

Was the AED available for the entire frame you requested? Yes / No

For Volunteer Office Staff to Complete: (Please initial)

Please complete the following checklist prior to releasing the Heartstart On-site AED:

____ Ensure zip ties and expiration date are in-tact on both the unit and rescue kit
____ Obtain copy of driver's license
____ Obtain written check for \$250 which will be given back upon return of the unit to the individual who brings it back or secure credit card info:
 Type of credit card (visa, MasterCard) _____
 Credit Card # _____
 Expiration Date: _____
 Name on Card: _____
 3 digit security code on back of card: _____

____ Individual must watch the on-site instructional video that includes brief CPR demonstration

____ Return Date Determined (The individual must return the unit within a week)

____ Liability Waiver/Release form signed

Please complete upon return of the AED: (Circle one)

Yes / No I Was the unit used?

Yes / No I were the zip ties intact?

Yes / No I Was the unit returned on expected date?

Yes / No I Was their check returned?

Any Additional Comments: