

Date: _____

**PINELLAS COUNTY EMS & FIRE ADMINISTRATION
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PLACEMENT INFORMATION**



PLEASE COMPLETE INFORMATION BELOW VERIFYING FACILITY AED LOCATION
THIS IS A: ☐ NEW FORM ☐ CHANGE OF INFORMATION (CHECK ONE)

1. Name of business, industrial site, medical facility or mobile apparatus where the AED will be located.

2. Physical address where the AED will be located (Include city, state and zip code).

3. The exact physical location where the AED will be placed (check all that apply).

<input type="checkbox"/> Nurse's Station	<input type="checkbox"/> Employee Break Room
<input type="checkbox"/> Security Desk	<input type="checkbox"/> Clinic
<input type="checkbox"/> Pool Area	<input type="checkbox"/> Dining Room
<input type="checkbox"/> Front Office	<input type="checkbox"/> Other (specify below)

4. Important information regarding the primary contact person for the AED:

Name & Position: _____

Email Address: _____

Telephone: _____ Work: _____ Fax: _____

5. AED Machine Information:

Manufacturer	_____	Type	_____	Model #	_____
Serial Number	_____	Date Purchased	_____	Color	_____

Comments/Details:

**FAX FORM TO PINELLAS COUNTY EMS & FIRE ADMINISTRATION AT (727) 582-5759
OR MAIL TO 12490 ULMERTON RD, ROOM 134, LARGO, FL 33774
MAIN OFFICE (727) 582-5750**