UCF Automated External Defibrillator (AED)
Program Registration and/or Status Update

Identification of AED

Mfg. and Model: (**Home Use Models, not Allowed)**	
Date unit was purchased: (Leave blank if this is included as a request to purchase.)	
Unit Serial #: (Blank if Purchase Req.)	
Building Name and AED location within the building: (Or Proposed location if Purchase Req.)	

Identification of AED response team. (List the primary contact individual(s) and any department members that have or will be trained in AED/CPR procedures.) Attach additional sheets if necessary.

Primary Contact Individual(s) (Name)	Phone	Email
Department Support (Name)	Phone	Email

Describe the Quality Assurance program for the AED device

Note: It is important to have a quality assurance program that will monitor the operational status of the AED. This should include preventative maintenance procedures that check the status of the battery, the condition of wires and conduction pads as well as other items that may be specified by the manufacturer. These items should be checked on a periodic basis, recommended monthly or based on manufacturer's recommendation. A written log should be maintained to document the completion of these preventative maintenance checks. The log should also include a description of any problems identified, the date of the QC check and the name of the individual conducting the check.

1. Describe the quality assurance (QA) program's Preventative Maintenance (PM) check of the AED device (s):

2. Describe how often the Preventative Maintenance checks are performed and by whom:

3. List the items documented in the Preventative Maintenance log:

Form submitted by:

Name:	
Campus address:	
Phone and e-mail:	
Date:	