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

New Unit Purchase

Unit Status Update

Submission Directions:

For New AED Unit Purchase Requests: Send completed form to [Dr. Michael Deichen](#), Director of Student Health Services with a copy to [Thomas Briggs](#), EH&S Director.

For AED Unit Status Updates: Send completed form to [Thomas Briggs](#), EH&S Director.

Identification of AED Unit

Manufacturer: <i>(Home Use Models, not allowed)</i>	
Model:	
Date Purchased: <i>(Leave blank if request to purchase)</i>	
Unit Serial Number: <i>(Leave blank if request to purchase)</i>	
Building Name:	
AED Location: <i>(Proposed location if New Purchase)</i>	

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 Individual(s)		
Name	Phone	Email

AED Quality Assurance Program

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

Describe the preventative maintenance procedure for the AED device(s):
Describe how often the preventative maintenance checks are performed and by whom:
List the items documented in the Preventative Maintenance log:

Completed By:

Name: _____ Date: _____

Department: _____

Campus Address: _____

Phone: _____

Email: _____