

# Automated External Defibrillation (AED) Registration & Information Update Form



York Region Paramedic Services requests that **all AEDs within the Region of York be registered and updated.**

☐ New AED Registration ☐ Update AED/Expiry Information ☐ Update Contact Information

A) Business Information			
Business Name*			
Contact Name*		Title/Position*	
Contact Email*		Phone Number*	Fax Number* <input type="checkbox"/> NA
Address (unit, number, street)*		City/Town*	Postal Code*

B) AED Information (shaded boxes are to be completed only if available)						
AED Brand*	AED Model*	Serial Number*	Adult Pad*	Child Pad*	Spare Pad*	Battery*
<small>(e.g. Zoll, Phillips)</small>	<small>(e.g. AED PLUS, CR Plus)</small>	<small>(e.g. X12I565980)</small>	<small>Expiry Date</small>	<small>Expiry Date</small>	<small>Expiry Date</small>	<small>Expiry Date</small>
			M:____Y:____	M:____Y:____	M:____Y:____	M:____Y:____
Location of AED* <small>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</small>						
Hours AED is available* <input type="checkbox"/> 24 hrs Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____						
Seasonal availability* <input type="checkbox"/> All year   Month in service: ____ Month removed from service: ____						
Publicly Available*: <input type="checkbox"/> Yes <input type="checkbox"/> No		Office use:	Latitude:	Longitude:		

C) Additional AED						
AED Brand	AED Model	Serial Number	Adult Pad	Child Pad	Spare Pad	Battery
<small>(e.g. Zoll, Phillips)</small>	<small>(e.g. AED PLUS, CR Plus)</small>	<small>(e.g. X12I565980)</small>	<small>Expiry Date</small>	<small>Expiry Date</small>	<small>Expiry Date</small>	<small>Expiry Date</small>
			M:____Y:____	M:____Y:____	M:____Y:____	M:____Y:____
Location of AED <small>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</small>						
Hours AED is available <input type="checkbox"/> 24 hrs Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____						
Seasonal availability <input type="checkbox"/> All year   Month in service: ____ Month removed from service: ____						
Publicly Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		Office use:	Latitude:	Longitude:		

D) General Information
AED Vender/Supplier Company Name:
First Aid/CPR Training Provider: <input type="checkbox"/> St. John <input type="checkbox"/> Red Cross <input type="checkbox"/> Heart & Stroke   Other: _____
Would you like notifications for the following? <input type="checkbox"/> AED inspection reminders <input type="checkbox"/> Upcoming expiry date reminders
AED Notifications*: <input type="checkbox"/> Same as contact email <input type="checkbox"/> Other email: _____



Please return this completed form to:  
**York Region Paramedic Services - HeartStart Program**  
 80 Bales Dr. E, Sharon, ON. L0G 1V0 | 905-830-4444 ext. 77427  
 Email: Paramedic.HeartStart@york.ca

