

# LEWIS COUNTY AED SITE DOCUMENTATION

Company or Agency Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Business type: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address if different than physical address: \_\_\_\_\_

Days of operation \_\_\_\_\_ hours of operation \_\_\_\_\_

Training provided by: \_\_\_\_\_ Number of people trained: \_\_\_\_\_

Date initial training \_\_\_\_\_ completed: \_\_\_\_\_

Total number of AEDs \_\_\_\_\_ AED serial number: \_\_\_\_\_

Date placed into operation: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Medical Direction provided by: \_\_\_\_\_

Location of device: \_\_\_\_\_

Placement of device (describe location your device is placed – i.e. in file cabinet next to front counter):  
\_\_\_\_\_

If you selected more than 1 in the total number of AEDs, an additional form will need submitted for each unit.

<b>*****FOR FIRE/911 DISPATCH ENTRY*****</b>	
<b>DATE:</b> _____	
<b>FIRE AGENCY:</b> _____	<b>BY:</b> _____
<b>REGISTRY #</b> _____	
<b>COPY SENT BACK TO FD DATE:</b> _____	<b>BY:</b> _____