



Please provide the following information, print and send the form to the AED Coordinating Committee at Box 354400

ORGANIZATIONAL INFORMATION

Contact's Name

Organizational Unit Name

Organizational Unit Head

Departmental Administrator

JUSTIFICATION FOR PURCHASE

Please explain why an AED unit is needed in your operation rather than relying on the UWPD or public safety department support:

OPERATIONAL INFORMATION

Name of responsible AED coordinator:

Name

Box Number

Email Address

Phone

Names of First Aid Trained Staff:

Table with 3 columns: NAME, DATE OF FIRST AID TRAINING, CONTACT INFORMATION

Where do you intend to place the unit (building, floor, room, etc.):

Provide information regarding how unit will be accessed, secured, and use documented:

How will unit's ongoing operation and maintenance be done and documented? (Attach information)

HEALTH AND SAFETY PLAN

I have attached an excerpt of my Health and Safety Plan showing who the proposed AED Coordinator is and the proposed AED Operation/Maintenance Plan.

MEDICAL DEVICE INFORMATION

Name and Model and Manufacturer of unit being considered:

Source of Unit:

Who did you contact to assure this unit is compatible with UWPD and/or your campus public safety department?

Table with 3 columns: NAME, DATE OF CONTACT, CONTACT INFORMATION

This Section for AED Coordinating Committee Use Only

Approved Date _____ Initials _____

Denied Date _____ Initials _____

Comments

This Section for CHS internal use only

Local Emergency Medical Services Notified Date _____

EH&S given inventory information Date _____

UWPD given inventory information Date _____