Print Form

County of San Diego EMS

Notification of New Public Access Defibrillator Site

Physician Medical Director Information

Physician's Name: _____

CA Medical License Number: _____

Physician's Phone Number: _____

On-Site Contact Information

Name of On-Site Contact:

Phone Number of On-Site Contact:

Physical Address of On-Site Contact:

Mailing Address of On-Site Contact:
☐ check if same as physical address

AED Location and Equipment Information

Name of Building or Complex:

Physical Address:

Floor and Location of Device Placement:

Make:

Model:

Date of Placement:

Use next page for additional AED units

Send notification of new PAD site to County of San Diego EMS
FAX: 619-285-6531, Attn: AED Coordinator
Or
County of San Diego EMS, Attn: AED Coordinator
6255 Mission Gorge Rd San Diego, CA 92120

Additional AED Units
AED Location and Equipment Information

Name of Building or Complex:

Physical Address:

Floor and Location of Device Placement:

Make:

Model:

Date of Placement:

Name of Building or Complex:

Physical Address:

Floor and Location of Device Placement:

Make:

Model:

Date of Placement:

Name of Building or Complex:

Physical Address:

Floor and Location of Device Placement:

Make:

Model:

Date of Placement: