



## Public Access Defibrillator (PAD) Program Notification to Emergency Medical Services Agency

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Main Phone No \_\_\_\_\_ Total Number of AEDs \_\_\_\_\_

Site Defibrillation Coordinator: \_\_\_\_\_

Contact No: \_\_\_\_\_ Email Address \_\_\_\_\_

Please list each AED that you are registering with the following information: Make, Model, Location of where each machine is placed (ie. Blg 3 - Main lobby 1<sup>st</sup> floor), Address (if different from above). Please also note if this is a New (N) or Replacement (R) AED registration for your facility. If you are removing any AEDs without replacement, please list and mark Deletion (D). Thank you.

Make	Model	Location	Address (if different)	New (N) Replacement (R) or Deletion (D)

PLEASE MAIL/FAX TO: San Mateo County EMS Agency  
225 37<sup>th</sup> Avenue - Room 103  
San Mateo, CA 94403  
FAX (650) 573-2029

For question contact: Patrice Christensen, RN PHN  
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(650) 573-3728