PROVINCIAL AED REGISTRY FORM

Send completed form(s) by one (1) of the following:
Mail: 237 Brownlow Ave, Suite 160 Dartmouth, NS B3B 2C5
Fax: 424-1781
Email: tanya.fraser@gov.ns.ca

THIS SECTION TO BE COMPLETED BY EHS ONLY
EHS ID #:
Date Registered:

General Information

Company Name *Or* if Private Resident list below _____

Full name: _____
Last *First*

Telephone number for the main switchboard, main office or security office: _____

Physical Address: _____

_____

Mailing Address:
☐ **Same as Physical Address** _____

_____

(A)Site Coordinator:

Name: _____ _____
Last *First*

Work Phone: **(902)** _____ Cell Phone: **(902)** _____

Fax: **(902)** _____

E-mail Address: _____

General Information Continued…

(B) Site Coordinator:
(Optional)

Name: _____ _____
Last *First*

Work Phone: **(902)** _____ Cell Phone: **(902)** _____

Fax: **(902)** _____

E-mail Address: _____

AED Information

What is the name of the AED Supplier? _____

What is the name of the AED Manufacturer? _____

What is the Serial number of the AED? _____

What is the Model number of your AED? _____

What are the expiry dates of:

(a) Battery in the AED _____
(dd/mm/yyyy)

(b) Spare battery _____
(dd/mm/yyyy)

(c) Adult electrode pads _____
(dd/mm/yyyy)

(d) Pediatric electrode pads _____
(dd/mm/yyyy)

(e) Spare adult electrode pads _____
(dd/mm/yyyy)

What is the date the AED was put into operation? _____
(dd/mm/yyyy)

Placement of AED? (Describe the approximate location AED is placed in your business or home using reference points/landmarks).
_____
_____
_____
_____

Do you have a maintenance plan or schedule for the AED? ☐ **YES** (If yes please provide a copy) ☐ **NO**

CPR/AED Training	
Do you have a training schedule established?	☐ **YES** (If yes please provide a copy) ☐ **NO**
How many people in your organization have been trained to use the AED?	_____
When was CPR/AED training conducted?	_____ **(dd/mm/yyyy)**
How many are left to train? (date)	_____
How many trained by HSFNS?	_____
How many trained through another training agency?	

Sign Off			
Printed Name of person completing form	_____ **Please Print**	**Date**	_____ **(dd/mm/yyyy)**
Signature of person completing form	_____	**Date**	_____ **(dd/mm/yyyy)**

IMPORTANT

If any changes to the status of the AED affects the above information, please immediately notify the Provincial AED Registry Coordinator:

Tanya Fraser
Email: tanya.fraser@gov.ns.ca
Phone: (902) 424-1729
Fax: (902) 424-1781