

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 here if same as physical address

AED Location and Equipment Information

Name of Building or Complex:

Physical Address:

City: Zip Code:

Floor and Location:

AED Make:

AED Model:

Date of Placement:

Use next page for additional AED units

Submit 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

Or

Additional AED Units
AED Location and Equipment Information

Name of Building or Complex:

Physical Address:

City: **Zip Code:**

Floor and Location:

AED Make:

AED Model:

Date of Placement:

Name of Building or Complex:

Physical Address:

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AED Model:

Date of Placement:

Name of Building or Complex:

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City: **Zip Code:**

Floor and Location:

AED Make:

AED Model:

Date of Placement: