

Automated External Defibrillation (AED) Registration & Information Update Form

Kenora District Service Board (KDSB) requests that **all AEDs be registered and updated** with KDSB - Northwest EMS.

This registration information is very important in our attempt to reduce the amount of time between Sudden Cardiac Arrest (SCA), the initiation of Cardio Pulmonary Resuscitation (CPR) and the application of an Automated External Defibrillator (AED). Registering organizations are reminded to notify us with changes to the following site information:

1. Location of the defibrillator within the facility
2. Business address
3. Removal of defibrillator from the facility
4. Contact person's name and phone number
5. AED Out-of-Service, New In-Service Date or New Supplies Added

Please be advised the Kenora District Services Board – Northwest EMS (KDSB-NWEMS) PAD Program is not responsible for these independent units but assists to facilitate their registration so that this information can be provided to 911 callers. There is no charge for independent defibrillator registration with Kenora District Services Board.

A) Organization/AED Site Coordinator Information			
Organization Name			
AED Site Coordinator (Dedicated person that does the monthly checks)		Title/Position	
Contact Email		Phone Number	Fax Number
Mailing Address (unit, number, street)		City/Town	Postal Code
Physical Address		City/Town	Postal Code
AED Program Manager			
AED Program Manager (Person that has full administration rights to the overall company program)			
Business Phone Number		Cell Phone Number	
Contact Email			
AED Registration Date:			

*Contact information will be used by the Kenora District Services Board to communicate with the AED Site Coordinator in charge of regularly maintaining the AED.



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*Please complete this form for each AED

B) General Information						
Registration Type: <input type="checkbox"/> New AED Registration <input type="checkbox"/> Update AED/Expiry Information <input type="checkbox"/> Update Contact Information						
AED Date of Purchase:			Battery In-Service Date: <small>(*Replace all batteries every 5 years or if unit prompts)</small>			
Would you like notification when your AED equipment is approaching the expiry dates? <input type="checkbox"/> Yes <input type="checkbox"/> No						
AED Notifications: <input type="checkbox"/> Same as contact email <input type="checkbox"/> Other email:						
C) AED Information (shaded boxes are to be completed only if available)						
AED Brand <small>i.e. (Zoll, Phillips)</small>	AED Model <small>(AED PLUS, CR Plus)</small>	Serial Number <small>(X121565980)</small>	CPR-D Padz <small>Expiry Date</small>	Pedi Pad <small>Expiry Date</small>	Spare CPR-D Padz <small>Expiry Date</small>	Battery <small>Expiry Date</small>
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___
Physical Location of AED <small>(Main lobby next to reception, 1st floor)</small>						
AED accessibility		<input type="checkbox"/> Is the AED publicly available?		<input type="checkbox"/> AED is for internal/employee use only		
Hours AED is available		<input type="checkbox"/> 24 hrs Start _____ <input type="checkbox"/> am <input type="checkbox"/> pm - Finish _____ <input type="checkbox"/> am <input type="checkbox"/> pm				
Seasonal availability		<input type="checkbox"/> All year Month in service: _____ Month removed from service: _____				

By signing below, I authorize the KDSB - NWEMS and the Ministry of Health Central Ambulance Communications Center (CACC) to utilize the above information to register the above facility as a defibrillator equipped facility.

Name (Print): _____ Organization: _____

Title: _____

Signature: _____

Date: _____

This information is used to register your facility with the KDSB - NWEMS Public Access Defibrillation Program and the Ministry of Health Central Ambulance Call Centre (CACC). Registering your facility allows the KDSB - NWEMS to identify cardiac safe facilities and provide CACC with updates on public access defibrillation in your facility. Your participation in completing this form is appreciated.

Please return completed form to: Kenora District Services Board – NWEMS, 51 Memorial Avenue, South, Dryden, ON P8N 2L8
Phone: 807-223-2100 | Fax: 866-808-5902 Email: PADProgram@kdsb.on.ca

