



AED REQUEST FORM

For additional assistance or to submit completed form, please contact:

Fire Protection Specialist
Environmental Health & Safety, 414 J.M. Smith Hall
PH: 678-4671 FAX: 678-4673

You may submit the completed form using the button at the bottom of page two.

Before an AED can be purchased, the following form must be completed and submitted to Environmental Health and Safety for approval by the AED Coordinator. Along with this request, A Department, Unit, or AED Team Roster must be submitted. These individuals will be required to participate in and stay current with AED, CPR, and Bloodborne Pathogens training. These individuals will also be required to perform routine checks of the AED unit(s).

Please make sure all parts of this form are complete and all required attachments are included.

Requesting Person: _____ Phone number: _____

Job Title: _____ Email Address: _____

For Building: _____ Room or Nearest Room: _____

Building Type (Administrative, Academic, Support Facility, etc.): _____

Number of floors in Building: _____ Supervisor: _____

Reason(s) AED is needed (Check all that apply):

Interest on the part of the department or unit

Recommendation from Central Administration

Data that indicate that population (visitors, faculty, staff, students) has a significant proportion of people over 55-60 years of age in the building

Data that indicates time for AED arrival is over (or could be over) 3 minutes the majority of the time

Activity in the building that significantly increases the likelihood of cardiac arrhythmias that are life threatening (for example, regular electrical work)

Regulatory requirement for AED for grant funding or accreditation

Number of AEDs requested (If more than one, justify with an additional attached statement): _____

Are pediatric AED electrode pads being requested? (Required if department/unit entertains children 1-8 years old.) Yes No

If yes, explain the need for pediatric AED pads:



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By signing below, the department agrees to:

- Commit funds for AED training and the purchase of AED(s), supplies, and a set of spare electrode pads,
- Appoint an AED Director,
- Implement CPR/AED training prior to installation,
- Train sufficient staff in order to have at least one trained staff person on site during normal business hours,
- Implement Bloodborne Pathogen Exposure Control Training for all AED responders,
- Develop a Department/Unit AED Response Procedure and AED Program Written Plan, and
- Submit the Department/Unit AED Response Procedure and AED Program Written Plan to the AED Coordinator for approval prior to purchasing AED(s).

The AED Owner and Director are responsible for operating and maintaining the device in conformance to The University of Memphis AED Program. They are also responsible for the compliance with the University's AED policy and procedures, including training, maintenance, and record keeping.

I agree to abide by the policy and procedures for training, regular maintenance, and purchase as set forth in the AED Program.

Dept. Chair or Director of Activity (AED Owner)

Date

Appointed AED Director

Date

This Request Form must be approved and returned by the AED Coordinator before purchasing AED(s).

AED Coordinator

Date