

DATE: \_\_\_\_\_

To: All EMS Agencies

RE: EMS Notification of Automated External Defibrillator Placement

This letter is formal notification of an Automated External Defibrillator (AED) placement on the premises of:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location(s) (i.e. 100 hall alcove) \_\_\_\_\_

AED Cabinet: (specific location) \_\_\_\_\_

Device Type: (i.e. Zoll AED Plus, Adult Pads) \_\_\_\_\_

Training Conducted: (i.e. CPR and AED) \_\_\_\_\_

If you have any questions, please contact the Administrator or Director or Nursing at the facility phone number listed above.

Thank you,

(Administrator's Name)