

San Francisco Emergency Medical Services Agency

Notice of New Automatic External Defibrillator Program

Before completing this form, please read the State of California Regulations, Title 22, Division 9, Chapter 1.8 related to Lay Rescuer AED use at following website: http://www.emsa.ca.gov/Legislation_Regulation

Organization/Company Name	
Organization/Company Address	
Prescribing Physician's Name (must have CA license)	
Prescribing Physician's Phone Number	
AED Vendor	
Vendor Sales Representative	
Vendor Contact Number	
Name of On-Site Contact	
Employer of On-Site Contact	
Phone Number of On-Site Contact	
Type and Specific Location of each AED Unit <i>(list each separately)</i>	

Send form to the San Francisco EMS Agency by fax, email or regular mail:

FAX to: (415) 487-5043

Email to: crystal.wright@sfgov.org

**Mail to: Crystal Wright
PAD Program Coordinator
San Francisco EMS Agency
30 Van Ness, Ste. 3300
San Francisco, CA 94102**

For Internal Use Only	Received Date		Received By	
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