

**Sangamon County Central Dispatch System**

2000 Shale Road, Springfield, IL 62703

Fax: 217-753-6372

**Public Access Defibrillation (PAD) Registration Form**

Name of Company, Organization or Establishment \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Company, Organization or Establishment Address

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Street

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City

State

Zip

What type of area will the AED be available? (i.e., office, industrial, public assembly)

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Specific location for each unit \_\_\_\_\_

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What type of defibrillator(s) are you using? Brand/Model \_\_\_\_\_

Number of AEDs \_\_\_\_\_

Indicate how you plan to ensure trained AED users operate the monitor and how this training will be obtained.

How is your local EMS provider (i.e., rescue squad, ambulance) contacted if other than dialing 911.

Do you have a maintenance service and testing agreement for your monitor? [ ] Yes [ ] No  
If no, please describe provisions for unit maintenance and testing.

This provider agrees to:

1. Take reasonable measures to assure the AED is used by trained AED users.
2. Documentations indicating that all personnel authorized to use the AED must be on file or available to the EMS system and the Illinois Department of Public Health (IDPH).
3. Maintain service and test the AED according to manufacturers' guidelines.
4. Establish an in-house quality assurance plan and "post event" procedures, including steps to notify the EMS system of any incident which results in the AED being taken to a person.
5. Submit documentation (PAD Utilization Form and AED recordings) to the EMS system of any event, incident or situation that results in the use or possible use of the AED.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_