

Contact information: Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Installation Location: Building: \_\_\_\_\_  
Address: \_\_\_\_\_  
Floor: \_\_\_\_\_ Nearest Room #: \_\_\_\_\_

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

Responsible Individual(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: These individual(s) will be required to maintain AED/CPR training and perform routine checks of the unit(s)).

Will LifeForce, Inc be providing AED/CPR Training: -Yes -No

If No, please provide the following:

CPR/AED Training Provider: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Return to: Environmental Health & Safety AED Program  
135 College Street, Suite 100, New Haven, CT 06510-2483  
Phone: 785-3550, Fax: 785-7588.  
Attention: AED Program Manager

For EHS Use Only:

EHS Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_