Automated External Defibrillation (AED) Registration & Information Update Form

Peel Regional Paramedic Services (PRPS) requests that **all AEDs within the Region of Peel be registered and updated.**

☐New AED Registration ☐Update AED/Expiry Information ☐Update Contact Information

A) Business Information

Business Name

Contact Name	Title/Position

Contact Email	Phone Number	Fax Number ☐NA

Address (unit, number, street)	City/Town	Postal Code

B) General Information

AED Vender/Supplier Company Name:

First Aid/CPR Training Provider:
☐St. John ☐Red Cross ☐Heart & Stroke | Other:_____

Would you like notifications for the following? ☐AED inspection reminders ☐ Upcoming expiry date reminders

AED Notifications: ☐Same as contact email ☐Other email:_____

C) AED Information (shaded boxes are to be completed only if available)

AED Brand *(e.g. Zoll, Phillips)*	AED Model *(e.g. AED PLUS, CR Plus)*	Serial Number *(e.g. X12I565980)*	Adult Pad Expiry Date	Child Pad Expiry Date	Spare Pad Expiry Date	Battery Expiry Date
			M:____Y:____	M:____Y:____	M:____Y:____	M:____Y:____

Location of AED *(e.g. Main lobby next to reception, 1st floor)*

Hours AED is available ☐24 hrs Mon _____ Tue _____ Wed_____ Thu_____ Fri _____ Sat_____ Sun_____

Seasonal availability ☐All year | Month in service: _____ Month removed from service: _____

Publicly Available: ☐Yes ☐No | Office use: Latitude: | Longitude:

D) Additional AED

AED Brand *(e.g. Zoll, Phillips)*	AED Model *(e.g. AED PLUS, CR Plus)*	Serial Number *(e.g. X12I565980)*	Adult Pad Expiry Date	Child Pad Expiry Date	Spare Pad Expiry Date	Battery Expiry Date
			M:____Y:____	M:____Y:____	M:____Y:____	M:____Y:____

Location of AED *(e.g. Main lobby next to reception, 1st floor)*

Hours AED is available ☐24 hrs Mon _____ Tue _____ Wed_____ Thu_____ Fri _____ Sat_____ Sun_____

Seasonal availability ☐All year | Month in service: _____ Month removed from service: _____

Publicly Available: ☐Yes ☐No | Office use: Latitude: | Longitude:

Please return this completed form to:
Community Safety Programs - Peel Regional Paramedic Services
1600 Bovaird Dr. E, Brampton, ON L6R 3S8 | F: 905-792-8926
Email: PADProgram@peelregion.ca

Be the One! act to save a life

Region of Peel Working for you