

AED REQUEST FORM

Requestor's Name:

Date:

Department:

Account/Index #:

Phone Number:

Email Address:

Request Details:

Justification:

Location for AED:

AED Coordinator:

Please assign an AED Coordinator for the requested location.

Please list people working in the area of the AED in addition to the AED Coordinator that will attend training:

Please fax the completed AED request form to the Department of Environmental Health & Safety at 9-7998.

Please note: Your request will be reviewed by the AED Committee and an AED Committee member will contact you regarding your request.