

FIRST STATE FIRST SHOCK POTENTIAL UNIT FORM

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Location: \_\_\_\_\_

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

Telephone Number (include Area Code): \_\_\_\_\_

This form is used to assist the Office of Emergency Medical Services in determining appropriate locations for public access defibrillators. Please complete the form and submit to:

Angie Quackenbush, State AED Coordinator  
Office of EMS  
100 Sunnyside Road  
Smyrna, DE 19977

1. Number of days per year the facility is opened. \_\_\_\_\_
2. Number of visitors<sup>1</sup> \_\_\_\_\_ per day/week/month/year (Circle one.)
3. Number of residents<sup>2</sup> \_\_\_\_\_ Not Applicable \_\_\_\_\_
4. Percent of visitors over the age of 40. \_\_\_\_\_
5. Number of employees<sup>3</sup> \_\_\_\_\_
6. Percent of employees over the age of 40. \_\_\_\_\_
7. Average number of hours a visitor may spend on the property per day \_\_\_\_\_
8. Hours per work day \_\_\_\_\_
9. Number of cardiac arrests in the last four years. \_\_\_\_\_ Unknown \_\_\_\_\_
10. Name of local police agency \_\_\_\_\_
11. Name of local Fire/EMS Agency \_\_\_\_\_

Footnotes:

1. Visitors—Individuals, including customers, who are not employees of the organization.
2. Residents—Individuals who reside in hotels, room and board facilities, nursing home, assisted living facilities, apartments, and other facilities providing sleeping rooms.
3. Employees—Individuals, including volunteers, who work for an organization.