

Application for Automatic External Defibrillator Service Provider Delaware Early Defibrillation Program First State, First Shock! Program

Print Clearly and Answer All Sections Completely	
Type (Check One): Initial Application (Requesting New AED) Change 	Registration Only (Privately Owned)
Agency Name:	Coordinator:
	Phone:
Street Address:	Email:
City: DE Zip:	Fax:
Type of Service: Law Enforcement/Corrections Business/Industrial Senior/Youth Center School/Higher Education Government Healthcare Public Assembly Other (Please Describe) Vertice	
 Provide the following attachment (All entities except Fire/EMS/Law Enforcement): 1.) Statement from business or agency chief officer supporting program implementation. 	
Signature of Service Coordinator:	Date:
OEMS Use Only Below This Line	
Received by OEMS (Initial/Date):	
Status: C Entered into Database C Awaiting Additional Info Delivered Date: #: Date:	
Comments:	



State Of Delaware Office of Emergency Medical Services

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It is important to recognize that just placing an AED is not enough. A PAD (Public Access Defibrillator) program in an ongoing event and should be reviewed on a regular basis and improved whenever possible.

(Fire/EMS/Law Enforcement are exempt from this requirement.)

Each PAD program should include the following major components:

1. Has the agency/business/organization/community previously been issued an AED?

 \Box Yes \Box No (priority is given to those organizations who have not yet received an AED).

2. A representative from the agency/business/organization/community will be appointed to ensure the implementation of the AED program

□ Yes Name of the AED Coordinator

3. People in the agency/business/organization/community are trained in the use of the AED & CPR.

□ Yes □ No

- A plan is in place to train others in the agency/business/organization/community in CPR has been established. □ Yes □ No
- 5. Will the AED be in a secure, but easily accessible?

□ Yes Location:

- 6. Scheduled maintenance checks of the AED unit will be performed according to the manufacturer's recommendations. □ Yes By whom: