



EMERGENCY MEDICAL SERVICES DIVISION

Dave Ghilarducci, MD, FACEP
 Medical Director

**NOTIFICATION OF
 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) / PUBLIC ACCESS DEFIBRILLATOR (PAD) SITE**

| | |
|---|------------------------|
| Physician Medical Director Information | |
| Physician's Name: | |
| CA Medical License Number: | Physician's Telephone: |

| | |
|---------------------------------------|------------|
| On-Site Contact Information | |
| Contact Name: | Telephone: |
| Physical Address, City: | |
| Mailing Address, City (If Different): | |

| | | |
|---|--------|--------------------|
| AED Location and Equipment Information | | |
| Name of Building or Complex: | | |
| Physical Address, City: | | |
| Floor and location of Device Placement: | | |
| Make: | Model: | Date of Placement: |

Use the next page for additional AED units.

Send notification of PAD sites to the San Benito County Emergency Medical Services Agency.

San Benito County Emergency Medical Services Agency

ADDITIONAL AED UNITS

| AED Location and Equipment Information | | |
|---|--------|--------------------|
| Name of Building or Complex: | | |
| Physical Address, City: | | |
| Floor and location of Device Placement: | | |
| Make: | Model: | Date of Placement: |

| AED Location and Equipment Information | | |
|---|--------|--------------------|
| Name of Building or Complex: | | |
| Physical Address, City: | | |
| Floor and location of Device Placement: | | |
| Make: | Model: | Date of Placement: |

| AED Location and Equipment Information | | |
|---|--------|--------------------|
| Name of Building or Complex: | | |
| Physical Address, City: | | |
| Floor and location of Device Placement: | | |
| Make: | Model: | Date of Placement: |

Send notification of PAD sites to the San Benito County Emergency Medical Services Agency.