Public Access Defibrillation EMS & PSAP Notification Form

In accordance with A.R.M. 37.104.604, entities wishing to allow the use of an AED shall provide the following information to each licensed EMS (Emergency Medical Service) and PSAP (911, local Dispatch Center) in the area where the AED is located.

Entity/Organization establishing PAD Program **Start Date**

Name

Mailing address

Zip Code

Physical address

Zip Code

Phone #

On-Site Manager of PAD Program

Name

Mailing address

Zip Code

Phone #

Physical location of the AEDs

1
2
3
4
5
6
7
8
9
10

Emergency agencies (EMS & Dispatch Centers) notified of program

1
2
3
4
5
6

7