

## Public Access Defibrillation (PAD) EMS & PSAP Notification Form

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

Entity/Organization/Client establishing PAD Program

Start Date:

Name

Mailing Address

Zip Code

Physical Address

Zip Code

Email

Phone #

On-Site Manager of PAD Program

Name

Mailing Address

Zip Code

Email

Phone #

Physical Location of the AEDs

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Emergency Agencies (EMS & PSAPs) Notified

- 1
- 2
- 3
- 4
- 5