



Automated External Defibrillator (AED) Registration Form

Department Name: _____

Campus: _____

Mailpoint: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

AED Brand/Model	Serial Number	Acquisition Date	AED Location

In choosing to obtain an AED, the responsible department agrees to abide by all provisions of [USF Policy #6-030: Automated External Defibrillators \(AEDs\)](#) including:

- Development of departmental AED procedures
- Providing appropriate training to personnel
- Properly maintaining AED units
- Reporting all incidents involving AEDs
- Retaining all records related to departmental AED program

Accountable Officer/Designee Name: _____

Signature: _____

Date: _____

Send to:
USF Department of Environmental Health and Safety
eh&s@usf.edu
4202 E. Fowler Ave. OPM100
Phone: (813)974-4036 / Fax: (813)974-9346
<http://www.usf.edu/eh&s>