USF System
Automated External Defibrillator
(AED) Registration Form

Send to:
USF Division of Environmental Health and Safety
eh&s@usf.edu
4202 E. Fowler Ave. OPM 100
Phone: (813)974-4036 / Fax: (813)974-9346
http://www.usf.edu/eh&s

Department Name: ____________________________

Campus: ____________________________

Mail point: ____________________________

Contact Name: ____________________________

Contact Phone: ____________________________

Contact Email: ____________________________

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<thead>
<tr>
<th>AED Brand/Model</th>
<th>Serial Number</th>
<th>Acquisition Date</th>
<th>AED Location</th>
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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: ____________________________