

Placement of Automatic External Defibrillator (AED) Unit

Date: _____

Please mail or fax to:
Davie Fire Rescue, Fire Chief
6901 Orange Drive
Davie, FL 33314
954-797-1234 (fax)

Reference: Placement of Automatic External Defibrillator (AED) Unit.

Dear Fire Chief,

Please be advised that an AED unit has been placed in the following location.

Business Name: _____

Address: _____

Location of AED: _____

AED Manufacture and Model Number: _____

Number of Employees: _____

Number of Employees Trained or to be Trained: _____

All employees will be instructed to perform the following steps in the event a person becomes unconscious/unresponsive:

1. Assess scene for safety
2. Determine unresponsiveness
3. Call 9-1-1
4. Assess the patient
5. Open the airway
6. Check for breathing-if not breathing normally, give two breaths. If breathing is present, place the patient in the recovery position (on side) and monitor breathing closely.
7. If breathing is absent, apply AED immediately. If the AED is not immediately available, begin chest compressions and breathing (CPR) until the AED arrives or emergency responders arrive.
8. Follow the AED visual and voice prompts

Print or type name: _____

Position: _____

Telephone number: _____