Appendix E: Automated External Defibrillator (AED) Department Request Form

Automated External Defibrillator (AED) Department Request Form

Date of Request:	
Department Name:	
AED Department Designee:	
AED Department Designee Phone Number:	
AED Department Designee Email Address:	
Number of AED unit(s) requested:	
Location of AED unit(s) (Building/Room):	
Department Manager:	
Checking AED unit	☐AED Department Designee ☐EH&S AED Program Coordinator
Department COA:	

Acquiring an AED is a significant investment, **requiring 8-10 years of commitment**. Departments wishing to acquire an AED must arrange funding for the initial setup and ongoing maintenance, including replacement batteries and pads, medical oversight, and integration with the online management system. The costs for all specific work areas and vehicle units requested, unless mandated by a specific regulation, will be the **requesting department's responsibility.**

The Department or Administrative Unit agrees to the above responsibilities.

Signature: _____ Date: _____

For any inquiries or to submit this form, please contact the EHSRM Occupational Health Coordinator at ehsocchealth@ucr.edu.