



Defibrillator (Automatic External Defibrillator)

New Site Installation Details

	Please print details
Name of Organisation	
Address	
Postcode	
Name of responsible person	
Telephone number	
Email address	
Make of AED	
Date of AED purchase	
Date of battery purchase/expiry	
Date of pad replacement	
Photograph of AED in location	Please send as an attachment
Location description i.e. behind main reception desk	

The details above will help emergency services guide first aiders to the nearest available AED.

This organisation gives permission for the AED to be used by the Community.

Signature of person responsible _____

Date: _____

Please send the completed form to Senior Officer Dean De La Mare, The St John Ambulance & Rescue Service, Rohais, St Peter Port, Guernsey GY1 1YN

Or via email to Dean.delamare@ambulance.org.gg