IOWA STATE UNIVERSITY

Environmental Health and Safety

2408 Wanda Daley Drive Ames, Iowa 50011-3602 Phone: 515 294-5359 www.ehs.iastate.edu

AED Request Form

AED owners must:

- Designate an individual who will be responsible for the management of the AED program for the department or unit.
- Provide or arrange for training and refresher training in AED use for staff. Units should make an effort to train sufficient staff in order to have at least one trained staff person on site during normal business hours.
- Notify the AED program coordinator within 24 hours of an incident.

Department/Unit AED Program Plan

Department/Unit Name:			
AED Program Manager: Address: Address: AED Location (Building/Room):			
		Training Provider/Method:	
Training Plan:			
Program Details:			
The department/unit and Program Manager agree	e to the above responsibilities.		
Signature:	Date:		
Program Approval			
Comments:			
Approved	Doto:		
Approved:AED Program Coordinator	Date:		