Notification of New Public Access Defibrillator Site

Physician Medical Director Information

Physician's Name:

CA Medical License Number:

Physician's Phone Number:

On-Site Contact Information

Name of On-Site Contact:

Phone Number of On-Site Contact:

Name of Company or Business:

Name of Building or Complex:

Physical Address of On-Site Contact:

City: **ZIP Code:**

Number of AED Units at this same site:

AED Location and Equipment Information for this Site

Phone Number (if Different from Above):

Floor and Location:

AED Make/Model:

Date of Placement:

Use next page for additional AED units at this same site

Submit notification of new PAD site to County of San Diego EMS
FAX: 619-285-6531, Attn: AED Coordinator
Or
County of San Diego EMS, Attn: AED Coordinator
6255 Mission Gorge Rd San Diego, CA 92120
Or

Submit by Email

Print Form

Additional AED Units for This Site
AED Location and Equipment Information

AED Location and Equipment Information for this Site

Phone Number (if Different from Above):

Floor and Location:

AED Make/Model:

Date of Placement:

AED Location and Equipment Information for this Site

Phone Number (if Different from Above):

Floor and Location:

AED Make/Model:

Date of Placement:

AED Location and Equipment Information for this Site

Phone Number (if Different from Above):

Floor and Location:

AED Make/Model:

Date of Placement:

Comments:

Submit by Email

Print Form