



DATE: \_\_\_\_\_

## AED REGISTRATION

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Site/ Location: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

AED Site Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

AED Manufacturer/ Model: \_\_\_\_\_

Number of AED's: \_\_\_\_\_

Location of AED: \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

### FIRE MARSHAL USE ONLY

Date of Inspection: \_\_\_\_\_ FM Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

