

AED Placement Notification for EMS

TO: NC OFFICE OF EMS (Fax# 919-733-9021 or email debra.a.nichols@dhhs.nc.gov)

In accordance with North Carolina General Statute § 90-21.15 (g), we are required by state law and/or contract to notify local EMS of the purchase or deployment of an AED (Automated External Defibrillator) within our coverage area. Below is the notification document for the acquisition and deployment which includes the purchaser information, location, and type of AED.

Purchaser Information

AED Distributor:				Purchase Price:	
AED Purchaser:				Acquired Date:	
Purchaser Address:					
City:		State:		Zip:	
Telephone:		Fax Number:			
E Mail Address:					
Contact:		Location of AED:			
Model Number:		Serial Number:			

Manufacturer Information

AED Manufacturer:					
Address:					
City:		State:		Zip:	
Telephone:		Fax Number:			
E Mail Address:					

Please accept this document as confirmation of placement of AED in above-referenced locations.

– FOR NC OFFICE OF EMERGENCY MEDICAL SERVICES USE ONLY –

Received by: _____ Date received: _____ Entered in Database: Y / N
 Comments: _____