



RQHR PAD Program- AED Registration Form

(Form to be used for initial registration or changes to AED information)

Location/Building Name:

Street Address:

City/Province:

Postal Code:

Phone Number:

Internal Activation Number: (main number at location of AED, no automated message numbers)

Manufacturer:

Type/Model:

Serial Number:

Install Date:

Battery Expiry:

Electrode Expiry:

Availability: Public Private

Hours:

Seasonal Dates:

Placement Details: (short easy description of location – ex: on north wall beside washrooms)

Monthly Site Inspector: (belongs to organization, can view AED monthly, log check online)

Name:

Email:

Phone:

Site Responders: Responder First & Last Name, notified text/voice/both, phone number(s)

(Member(s) of organization that would be willing to respond with the AED, no max on responders)

**Regina Qu'Appelle Health Region
Public Access Defibrillation Program**
1350 Albert Street
Regina, SK. S4P 3R8
Office 306-766-6265 Cell 306-533-0027
Fax 306-766-7021
pad@rqhealth.ca
www.rqhealth.ca/pad