

New AED Request Form

Before purchasing an AED, Departments must obtain approval from Environmental Health and Safety. The Department Head or Supervisor must complete this form, designate a Department AED Coordinator, and provide list of AED trained users. These individuals are required to participate in and stay current with AED, CPR, and Bloodborne Pathogens training. The Department AED Coordinator or designate is responsible for performing monthly inspections of each AED unit. For additional information, please review Northwestern's Automated External Defibrillator Program.

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|---------------------------------------|--|----------------------|--|
| Department: | | | |
| Department Head or Supervisor: | | Job Title: | |
| Email Address: | | Phone Number: | |

| | | | |
|---|--|-----------------------|--|
| Building Name: | | Building Type: | |
| <i>(e.g., administrative, academic, residence hall, support facility)</i> | | | |
| Building Address: | | | |

AED Details:

| | | | |
|--|--|-------------------------|--|
| AED Manufacturer: | | AED Model: | |
| Number of AEDs Requested: | | AED Location(s): | |
| <i>(i.e., room number or nearest room)</i> | | | |

Note: Provide a plan-view map of the building denoting the AED location.

Reason(s) for the AED: (check all that apply)

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Athletic Facility (indoor and outdoor) serving more than 100 people | <input type="checkbox"/> | Regulatory requirement for grant funding or accreditation |
| <input type="checkbox"/> | Department interest | <input type="checkbox"/> | Activity in the building increases the likelihood of cardiac arrhythmias that are life threatening |
| <input type="checkbox"/> | Recommendation from Central Administration | <input type="checkbox"/> | Data indicates the population (i.e., visitors, faculty, staff, and students) have a significant proportion of people over the age of 55-60 years of age in the building |

Training Plan:

| | |
|---------------------------------------|--|
| Specify the Training Provider: | |
|---------------------------------------|--|

(e.g., American Red Cross, American Heart Association, University Police)

Note: Attach a list of AED trained users and their job titles.

Certification:

By signing below, the department agrees to:

- Commit funds for the purchase of AEDs, training, and supplies such as additional electrode pads, batteries, and response kit (i.e., scissors, disposable gloves, disposable razor, pocket mask or face shield, towel or absorbent wipes).
- Appoint a Department AED Coordinator.
- Implement CPR/AED and Bloodborne Pathogens training prior to installation of AEDs.
- Provide a list of trained AED users to Environmental Health and Safety.
- Provide a list of AEDs, model numbers, and locations to Environmental Health and Safety.
- Conduct monthly AED inspections, and maintain documentation for future review by Environmental Health and Safety.

The Department Head and Department AED Coordinator are responsible for operating and maintaining AED devices in accordance with Northwestern's Automated External Defibrillator Program, including maintenance, inspection, and training. I agree to abide by the program and procedures for the purchase, maintenance, and training as set forth in Northwestern's AED Program.

Department Head Signature: _____ Date: _____

Department AED Coordinator Signature: _____ Date: _____

To be completed by Environmental Health and Safety (EHS):

Approved Not Approved

EHS Signature: _____ Date: _____