

Appendix D
King County CPR-AED Community Responder Program
Site Registration Form

***Company Name:** _____

Site/Location: _____

***Site Address:** _____

Street Address

City

State

Zip

Type of Business: _____

Work Hrs. (Reg/Shift Hrs) _____ **Number of : Employees at the Site each day** _____

Visitors at the Site each day _____

***Site Coordinator:** _____

***Phone #:** _____ **Fax #:** _____

Email: _____

***Type of AED** _____ ***Number of AED's** _____

Location of AED: _____

Date AED put into operation: _____

Training Program: _____

Name of Instructor: _____

Number of People Initially Trained: _____

Date Training Completed: _____ **Renewal Date:** _____

Medical Director: _____ **Local Fire Dept:** _____

Site Visit done by: _____
Name

Agency

Site Visit Date: _____

**Required*

Attach the following documentation:

Appendix D, continued

1. Copy of Medical Directive to manufacturer for AED purchase
2. Medical Director's AED protocol
3. Maintenance and testing policy and procedures
4. Training/retraining policy

Disclaimer Statement: The agencies, employees or assigns of King County, the City of Seattle and Public Health - Seattle and King County hold no responsibility individually or collectively for the activities performed pursuant to this document, in relation to the public use of automated external defibrillators in King County, or resulting from the Community Responder CPR-AED Program in King County.

Medical direction is extended to the Community Responder Site based on documentation supplied by the site that requirements established in RCW 70.54.310 have been met.

"I/We hereby affirm and declare that the information provided herein is true and correct, and I/We will:

1. Assure that state-approved training for the Community Responder CPR-AED Program will be completed prior to installation of AED unit(s)
2. Will follow protocol related to the use, ownership, maintenance and other aspects of public use of automated external defibrillators as described in this document and via the abovementioned CPR-AED training.
3. Will provide event data to Seattle Fire Department or King County Emergency Medical Services via the mechanism provided through the Community Responder CPR-AED Program.
4. Have read and understand and am/are in compliance with RCW 70.54.310 and will remain in compliance with that statute.
5. Agree to maintain knowledge of and implement this program consistent with the current standard of care during the life of this program.

Executed this _____ day of _____, _____ at _____, WA
(month) (year) (city when signing)

*Signature

Printed Name

If you are registering more than one device please provide a Site Locations, Address, Site Coordinator name and phone number for each AED.

Please Return Form to:

Barbara Welles or Leah Doctorello
401 5th Ave., Suite 1200
Seattle, WA 98104