







34865



# Entity Characteristics

### Date Completed:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(month)			(day)			(year)			

### Entity ID:

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
(site)			(unit)					(entity)	(chk)

### 5. Entity EMS and Paramedic Response Time:

	minutes	seconds	
Estimated tier 1 (non-ALS) response time to curb/parking spot:	<input type="text"/>	<input type="text"/>	<b>tmtir107</b>
Estimated tier 2 (ALS) response time to curb/parking spot:	<input type="text"/>	<input type="text"/>	<b>tmtir207</b>
Estimated time from curb to patient's side: (e.g., to middle of building or housing community)	<input type="text"/>	<input type="text"/>	<b>tmpat07</b>

### 6. Estimated Number of AEDs and Volunteers Needed:

Estimated number of AEDs needed:	<input type="text"/>	} (Protocol requires < 3 minute time for volunteer to get AED and reach patient's side.)	<b>estaed07</b>	<u>Typical needs:</u>
Estimated number of volunteers needed:	<input type="text"/>		<b>estvol07</b>	2 - 5 AEDs
				5 - 15 volunteers

### 7. Complete & attach a Preliminary Entity Assessment & Plan form indicating population characteristics, description of volunteers, existing communications system, intervention plan, and data collection plan.

Signature of person filling out this form

**code07**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code Number			

**For CTC Use Only**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>