



32556

Complete this form:

- For each unit and one page for back-up AEDs not in service
- At initial AED placement



# Initial AED Location Log

Unit ID: **unitid25**

[ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ]
(Site)		(Unit)		(Chk)

**untsit25**      **untnum25**      **untchk25**

## 1. Date Completed: **date25**

[ ] [ ]	/	[ ] [ ]	/	[ ] [ ] [ ] [ ]
(month)		(day)		(year)

## 2. AED Information:

AED ID <b>aedid26</b>			<b>serial26</b>	<b>entnum26</b>	<b>locnum26</b> *	<b>dtplac26</b>		
(Site)	(AED)	(Chk)	Serial Number	Entity	Location #	(month)	(day)	(year)
<b>aedsit26</b>	<b>aednum26</b>	<b>aedchk26</b>						
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
[ ] [ ]	- [ ] [ ] [ ] [ ]	- [ ]	_____	[ ]	[ ]	[ ] [ ]	/ [ ] [ ]	/ [ ] [ ] [ ] [ ]
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- \* Notes:**
- Location # corresponds to the entity floor plan on Final Entity Plan.
  - For AEDs not in service (i.e., "back-up" AEDs) use
    - **000** for unit number, **0** for check digit: Unit ID = (site)-000-0
    - **0** for entity number
    - **0** for location number

**code25**

[ ] [ ]	-	[ ] [ ]
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Code Number

For CTC Use Only

<input type="radio"/> Yes	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<input type="radio"/> No	

AEDINIT version 01.00 07/20/00

Signature of person filling out this form

Mail or FAX: 1-888-437-4767