42098

Complete this form:

- **Whenever an AED is removed, moved, or placed *after* initial placement**

Note: If you replace one AED with another, you may use one form for both AEDs.

AED Removal/Placement

Unit Name: _____

1. Date AED Removed/Moved/Placed: (month) / (day) / 2 0 (year) — date29

Time: (24 hour clock) (hours) : (minutes) — time29

Entity ID: entid29 (site) (unit) (entity) (chk) — entsit29 entunt29 entnum29 entchk29

moved29 **2. Was an AED Removed or Moved?** ***(taken out of service from a specific location)***

0 ○ No

1 ○ Yes → **AED ID:** aedidm29 aedsim29 (Site) aednmm29 (AED) aedckm29 (Chk)

locmov29 **Location Removed From:** ☐

reasmv29 **Primary Reason Removed/Moved:** *(check one)*

1 ○ Episode occurred → Complete the **Episode Log** and **Episode** forms

2 ○ Suspected Malfunction susmfd29

- 1 ○ Handled locally *(e.g.: company called, problem resolved)*
- 2 ○ Device sent to company for evaluation *(requires report to CTC)*

8 ○ Malfunction
3 ○ Missing/stolen
4 ○ Damaged
→ Complete the **Adverse Situation Notification** form

5 ○ Moved to a new location
6 ○ Abandoned location
→ **Why?** spymov29 (40) _____

7 ○ Other: sprsmv29 (40) _____

placed29 **3. Was an AED Placed?** ***(put in service in a specific location)***

0 ○ No → **Why not?** spynpl29 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1 ○ Yes → **AED ID:** aedidp29 aedsip29 (Site) aednmp29 (AED) aedckp29 (Chk)

locplc29 **Location Placed:** ☐ ***If previously unused location, attach an updated location map.***

reaspl29 **Primary Reason Placed:** *(check one)*

1 ○ Replacement for removed AED
2 ○ Moved from another location
3 ○ Additional AED needed → **Why?** spyadd29 (30) _____
4 ○ Other: sprspl29 (40) _____

code29 ☐☐–☐☐ **Code Number**

For CTC Use Only

○ Yes ○ No 1 2 9 0 2 0 0

AEDMOVE version 02.00 05/10/01

_____

Signature of person filling out this form

FAX