

Risk Assessment Questionnaire for Automated External Defibrillator (AED) Placement

1. Building Number	
2. Describe Building Location (area, descriptive landmarks)	
3. Approximately how many workers do have in your building during normal work hours?	
4. Approximately how many workers do you have in your building after hours?	
5. Are there any high hazard electrical sources (over 240 volts) in your area that are used on a routine basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do you have knowledge of workers in your area that have a known cardiac history (previous heart attacks or cardiac arrest)? If so how many?	YES <input type="checkbox"/> NO <input type="checkbox"/> Number with known history:
7. Do you have access to an AED from a neighboring building, security patrol, or electrician?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Do you have people currently trained in CPR/AED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Are there any unique access issues to your building that would cause a delay in emergency services?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain:
10. Would your organization be willing to purchase the AED (approx \$2500)? If so, what project/task?	YES <input type="checkbox"/> NO <input type="checkbox"/> Project/Task:
11. In your opinion, where would you want the AED located?	
12. Have you been told previously that you were approved for an AED from Health Services?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what date/by whom?
13. Name and phone number of point of contact for AED issues such as preventative maintenance:	Name: Phone:

Once the questionnaire is completed, please return it to Deb Rivera at darive@sandia.gov or MS1019. The EMS department will then review the information and if necessary contact you to set-up a tour of the facility. A final determination will be made by Dr. McCarthy, EMS Medical Director. Upon approval, individuals will need to be identified to be trained on use of the AED; once identified, you will need to contact Jennifer Perea at 845-9764 to set-up training. **Please note, there is a \$97 charge per person for the training; the certification is good for 2 years.** Upon notification from Jennifer that the training is complete, the EMS department will contact you to schedule a time for the installation of the AED. Please note, monthly AED checks will have to be performed at your location and maintenance will be conducted annually by Medtronic's Physio Control.

Name of Person Completing this Request: _____ Phone: _____ Date: _____
 Manager review/approval: _____ Date: _____

For Health, Benefits and Employee Services Use Only

1. Request received/reviewed by _____ on (date) _____
2. Request reviewed by Dr. McCarthy on (date) _____
3. AED approved: YES NO Reason: _____
4. Contact person notified: YES NO on (date) _____
5. SALUD notification of completed AED training on (date) _____
6. AED installed: _____ Date _____