



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Pre Hospital AED Register

National Ambulance Service
(Midland HQ)



Registration number _____

Company/Group Information

Company/Group Name _____

Contact person with responsibility for AED _____

Mobile _____ E-Mail _____

Address of defibrillator _____

Exact Location of AED _____

Directions from nearest town _____

Eircode code or Long/Lat if known _____ Lat: _____ Long: _____

AED Information

Make _____ Model _____ Serial N _____

Supplier _____ Year of Purchase _____

Expiry date Pad Set 1 _____ Pad Set 2 _____ Battery _____

- Availability of AED
- 24/7 Public Access Defibrillator (PAD)
 - Responder (on-call) scheme
 - Private business, Hours available _____
 - Social/Sporting, available when staff/members on site
 - Other _____

Locked Yes No, if yes how can it be opened _____

Office use:

Received By Resource Officer: _____ Date _____

Information _____

Imputed on to Control system _____ Date _____

Return to: Defib Register, National Ambulance Service, Midland Regional Hospital, Tullamore, Co. Offaly