



Thomas M. Menino, Mayor  
Dr. Barbara Ferrer, Executive Director

# Boston EMS

## AED Location Form



James Hooley, Chief of Department  
Sophia Dyer, MD, FACEP, Medical Director

### General Information

Please use this form to report the location of an AED or to update previously reported information. Please print or type clearly.

Organization Name:

Address:

Section of City:  9 Digit Zip Code:

Main Phone #:    Secondary #:

### AED Coordinator Information

AED Site Coordinator Name:    
Last Name First Name

Department:

Contact Person (if different from coordinator):

Email:

Tel #:    Fax #:

Are you up to date with CPR training?

Do you or anyone in your organization wish to be CPR trained?

Date Form Completed:

#### Options to submit "AED Location Form":

1. Click "Print Form" and fax to 617-343-1308. Please attach a cover attention "AED Info".
2. Click "Submit by Email" and carefully follow the prompts to submit the form via email.
3. After completing form, click "File", choose "Save as", name file "AED\_company name", and save to either desktop or preferred folder. Open a new email, attach the file and send to [aed@bostonems.org](mailto:aed@bostonems.org).

For questions contact Deputy Superintendent Claire McNeil, RN, EMT-P at (p) 617-343 -1115 or (f) 617-343-1308.

## AED Location(s)

For each AED, please include the specific location (e.g. in lobby behind desk on left wall)

*(If different from address in "General Information" Section)*

Address:

Section of City:

9 Digit Zip Code:

Exact Location of AED:

Floor:

Room/Suite:

AED Make:

☐

Available 24/7?

Are you reporting a new AED or updating information?

*(If different from address in "General Information" Section)*

Address:

Section of City:

9 Digit Zip Code:

Exact Location of AED:

Floor:

Room/Suite:

AED Make:

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