

NOTIFICATION OF AED PLACEMENT

Orange County Health Care Agency, Emergency Medical Services
Notification of a new or update to an existing AED provider
(Also known as Public Access)

Date of Notification:

New

Update

Location of AED

Name of Business/Agency	
Physical Address of AED	
Type and number of AED Units in facility	

On-Site Contact Information

Name and Position of On-Site Contact	
Employer of On-Site Contact	
Phone Number of On-Site Contact	
Physical Address of On-Site Contact	
Email Address of On-Site Contact	

CPR/AED Training

Person/Organization Performing Training	
Phone Number of Training Organization	
Date of Training	

Please complete a separate form for each AED Location if different addresses.

Please mail, scan and email, or fax this completed form to:



Attn: AED Coordinator
Orange County Health Care Agency
Emergency Medical Services
8300 Marine Way
Irvine, CA 92618
Office Phone: (714) 834-3500
Office Fax: (714) 834-3125
Email: EMSlicensing@ochca.com

