

## **Application for assessment and registration of an automated external defibrillator**

Use this form to apply to Automated External Defibrillator (AED) Deployment Registry (AEDDR) for assessment and registration of an AED under AEDDR 1410

**You must complete one form and pay the applicable fee for each AED**

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### **Lodgement details**

An image of this form will be available as part of the public register

### **Who should AEDDR contact if there is a query about this form?**

Firm/organisation

Contact name

Position description

Telephone number (during business hours)

(     )

Email address

Postal address

Suburb/City

State/Territory

Postcode

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## 1. Details of the Applicant/Registrant

Firm/organisation

Contact name

Position description

Telephone number (during business hours)

Email address

Postal address

Suburb/City

State/Territory

Postcode

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## 2. Details of workplace

Number of workers at workplace

Tick the number that applies

Less than 50

50 or more

Workplace has power

Yes or No

Workplace has communications

Yes or No

AED is located within 2 minutes of potential victim

Yes or No

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### 3. Details for ambulance

If consent to public access is granted these details will be available as part of the public register.

Name of site

Name of emergency contact

Telephone number (during business hours)

Telephone number (after business hours)

Street address

Suburb/City	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nearest cross street

Special instructions

Location of AED

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### 4. Consent for public access

It is agreed that the information contained in items 3 and 5 will be available to the public both in written and mapping form both via the internet and smart phone applications at [www.nearestdefib.com](http://www.nearestdefib.com). It is further agreed that a member of the public is granted access to the AED in the event of a cardiac emergency.

Tick the situation that applies

- Consent to public access is granted
- Consent to public access is NOT granted – go to item 6

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### 5. Normal hours of public access (excluding public holidays)

If consent to public access is granted these details will be available as part of the public register.

Day	Open/Close	Time
Monday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Tuesday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Wednesday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Thursday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Friday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Saturday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm
Sunday	Open	From <input type="text"/> am/pm
	Close	To <input type="text"/> am/pm

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### 6. Details of AED

Manufacturer

Model

Date of manufacture

/   /    
[ D D ] [ M M ] [ Y Y ]

Serial Number

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**7. AED accessibility**

AED is sign posted

Yes or No

AED is unlocked

Yes or No

AED is readily visible

Yes or No

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**8. AED reliability**

AED is electronically monitored

Yes or No

AED is inspected/logged daily

Yes or No

AED self-testing includes a full energy charge cycle on a monthly basis

Yes or No

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**9. AED ease of use**

AED is fully automatic (no button to administer therapy)

Yes or No

AED has interchangeable pads

Yes or No

AED has both visible and audible rescue prompts

Yes or No

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**10. AED training**

10 people are trained annually in basic life support

Yes or No

Training records are up to date

Yes or No

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**Signature**

This form must be signed by a manager with appropriate delegation or a professional consultant with professional indemnity insurance cover of at least \$5 million dollars.

I certify that the information in this form is true and correct and that I have read and agree to the terms and conditions at [www.aeddr.com/terms](http://www.aeddr.com/terms), known as the "Agreement".

Name

Capacity

Tick the element that applies

Manager with appropriate delegation

Professional consultant

Signature

Date

/   /    
[ D D ] [ M M ] [ Y Y ]

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**Lodgement**

Send completed and signed forms to:

AED Deployment Registry  
GPO Box 53 Canberra ACT 2601  
Australia  
or  
By email to:  
[incidents@aeddr.com](mailto:incidents@aeddr.com)

**For more information, including  
information about fees payable**  
Web: [www.aeddr.com/registration](http://www.aeddr.com/registration)  
Need help? [www.aeddr.com/question](http://www.aeddr.com/question)  
Telephone: 1300 USE-AED or 873-233