



Automated External Defibrillator (AED) Registration

New AED Registration
 Update AED/Expiry Information
 Update Contact Information

Business Information		
Business Name:		
Contact Name:	Title/Position:	
Contact Email:	Phone Number:	Fax Number:
Address (unit, number, street):	City/Town:	Postal Code:

General Information	
AED Vendor/Supplier Company Name:	
First Aid/CPR Training Provider: <input type="checkbox"/> St. John <input type="checkbox"/> Red Cross <input type="checkbox"/> Heart & Stroke <input type="checkbox"/> Other:	
Would you like notifications for the following? <input type="checkbox"/> AED inspection reminders <input type="checkbox"/> Upcoming expiry date reminders	
Email for AED Notification: <input type="checkbox"/> Same as contact email <input type="checkbox"/> Other email:	

AED Information								
AED Brand:	AED Model:	Serial No.:	Primary accessories expiry (month/year)			Spare accessories expiry (month/year)		
			Adult Pad	Child Pad	Battery	Adult Pad	Child Pad	Battery
Location of AED (e.g. Main lobby next to reception, 1st floor):								
AED accessibility: <input type="checkbox"/> The AED is publicly available <input type="checkbox"/> AED is for internal/employee use only								
Hours AED is available : <input type="checkbox"/> 24 hrs <input type="checkbox"/> Specify: to								
Seasonal availability: <input type="checkbox"/> All year <input type="checkbox"/> Specify: to								
Office Use	Latitude		Longitude			Google Place ID		

Additional AED Information								
AED Brand:	AED Model:	Serial No.:	Primary accessories expiry (month/year)			Spare accessories expiry (month/year)		
			Adult Pad	Child Pad	Battery	Adult Pad	Child Pad	Battery
Location of AED (e.g. Main lobby next to reception, 1st floor):								
AED accessibility: <input type="checkbox"/> Is the AED publicly available? <input type="checkbox"/> AED is for internal/employee use only								
Hours AED is available: <input type="checkbox"/> 24 hrs <input type="checkbox"/> Specify: to								
Seasonal availability: <input type="checkbox"/> All year <input type="checkbox"/> Specify: to								
Office Use	Latitude		Longitude			Google Place ID		

Please return this completed form to:
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