



Notification of Installation of
Automatic External Defibrillator
At Health Club and Health Studio

Name of Health Club/Studio:
Physical Address:
City/State/ZIP:
Contact Name:
Telephone #:
AED Manufacturer:
Name and License # of Physician
<p>I hereby certify that all information on this form is true and correct and that:</p> <ul style="list-style-type: none">• the AED is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug administration and any other applicable state and federal authority.• the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these checks shall be maintained.• any person who renders emergency care or treatment on a person in cardiac arrest using an AED activates the emergency medical services system as soon as possible and reports any use of the AED to the licensed physician and to the Mountain-Valley EMS Agency using the designated form.
<p><i>form continued on next page</i></p>

- for every AED unit acquired, up to five units, no less than one employee per AED unit shall complete a training course in CPR and AED use that complies with the regulations adopted by the Emergency Medical Services Authority and the standards of the American Heart Association or the American Red Cross. After the first five AED units are acquired, a minimum of one employee shall be trained beginning with the first additional AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours. Acquirers of AED units may need to train additional employees to assure that a trained employee is available at all times.
- a written plan exists that describes the procedures to be followed in the event of an emergency that may involve the use of an AED, to ensure compliance with the requirements of State of California Health and Safety Code Section 104113. The written plan shall include, but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.

Authorized Signature: _____ Date _____

This form must be submitted to:

Mountain-Valley EMS Agency
 1101 Standiford Avenue, Suite D-1
 Modesto, CA 95350
 att: Health Club AED