Western Carolina University
Departmental AED Registration Form

Department Name: _____

Building Name: _____

Department AED Area Coordinator: _____

Phone: _____ **Email:** _____ **Office Location:** _____

Defibrillator Manufacturer	Defibrillator Model	Serial #	Purchase Date	Location

AED Area Coordinator Signature: _____ **Date:** _____

Please return this form to the Safety and Risk Management Office. For questions or assistance contact the office at 227-7443