



Yolo County Emergency Medical Services Agency AED

Revised Date: September 1, 2018

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) ANNUAL PROGRAM UPDATE FORM

Agency Name: _____ Calendar Year: _____

Phone #: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Program Contact: _____ Email: _____

Phone #: _____ Fax #: _____

Chief Name: _____

Primary Instructor(s): _____

Personnel (Public Safety) trained to perform AED: _____

Personnel (EMR/EMT) trained to perform AED: _____

AED Equipment (Brand Name, Model #): _____

I certify all information on this form, to the best of my knowledge, is true and correct.

Signature _____ Date _____

Printed Name & Title of Signature Above _____

*This form and **all** required items may be mailed, emailed, or placed in the drop box at the address above.
The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!**
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
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