

# AED REQUEST FORM

Before purchasing an AED, the requesting Department must obtain approval from the University AED Coordinator designated by Environmental Health and Radiation Safety (EHRS). The department head or designee must complete this form and designate a department AED Coordinator. Completed forms can be submitted to [ehrs@temple.edu](mailto:ehrs@temple.edu).

<b>1.</b>	<b>AED INFORMATION</b>		
<b>Requestors Information</b>			
Department Head or Designee Name	Job Title	Department	
E-mail	Campus Phone #	TU ID #	
<b>Department AED Coordinator Information</b>			
Name	Job Title	TU ID #	E-mail
<b>AED Information</b>			
Building Name (One form per building)	# of AEDs Requested	AED Location(s) (i.e., room number or nearest room)	
<b>Reason for AED(s)</b>			
<b>2.</b>	<b>CERTIFICATION</b>		
<p>By signing below, the department agrees to:</p> <ul style="list-style-type: none"> <li>Commit funds for the purchase of AEDs, cabinets, signage, training (if applicable), and supplies such as additional electrode pads, batteries, and response kit (i.e., Scissors, disposable gloves, disposable razor, pocket mask or face shields, towel, or absorbent pads).</li> <li>Appoint a Department AED Coordinator</li> <li>Conduct monthly AED inspections and maintain documentation for review by EHRS.</li> <li>Abide by the program policy and procedures set forth in the Temple University Automated External Defibrillator Program.</li> </ul>			
Department Head Signature:			Date
Department AED Coordinator Signature			Date
<b>3.</b>	<b>UNIVERSITY AED COORDINATOR REVIEW</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
University AED Coordinator Signature			Date