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Commissioner

State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M. Flynn Fire Academy
222 Sheep Davis Road, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Richard A. Mason
Director

MEMORANDUM

TO: AED Providers

FROM: Bill Wood, Preparedness Coordinator

DATE: November 16, 2007

RE: Automated External Defibrillator (AED) “Registry” Forms

On behalf of the NH Bureau of Emergency Medical Services (NHBEMS), congratulations on your receipt of an AED Device. In order to speed compliance with the NH AED laws, enclosed is an “AED Registry” form. There needs to be an “AED Registry” form completed for each AED your organization possesses. Please photocopy the form as needed.

An “AED Registry” has been established to assist your staff and emergency responders in the event of a cardiac emergency. The Registry information will be entered into the NH 9-1-1 database for AED’s that are mounted in a fixed location. 9-1-1 Emergency Medical Dispatchers will be able to provide the caller with the AED location as well as any necessary medical instructions.

The NHBEMS role in the “AED Registry” is to ensure excellence in out-of-hospital emergency medical care within the state. The “AED Registry” will enable to Bureau to notify you in the event of product recalls, regulation and rule changes, or medical protocol updates.

Again, thank you for making available these lifesaving devices, please contact me at (603)-223-4228/NH: 1-866-552-2661 X 31019 or William.Wood@dos.nh.gov if you have any AED-related questions.

-whw-

Fire Training – Certification – Fire Academy – Emergency Medical Services

Business: (603) 271-2661

Fax: (603) 271-1901

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

www.state.nh.us/safety/fst

**New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services**



**Instructions for Completing the
Automated External Defibrillation (AED) Registry Form**

Listed below are instructions intended to assist you while completing the AED Registry Form. The line numbers on this form correspond with the line numbers on the AED Registry Form. If you have any questions or need further assistance completing the form, please contact the NH Bureau of EMS at (603) 223-4228.

Line 1	Required by RSA 153 A:32, list the name of the entity providing the AED program.
Line 2	List the name and phone number, including area code, of the individual at entity to contact for information/questions about the AED program.
Line 3	Select an entity type by placing a checkmark next to the description that best applies to the entity. If "Other" is selected, please specify an entity type.
Line 4	Required by RSA 153 A:32, indicate the mail address, city, state and zip code of building/grounds where the AED is located. This address will be entered into the NH 9-1-1 database.
Line 5	Required by RSA 153 A:32, indicate the phone number, including area code, of building/grounds where the AED is located. This number will be entered into the NH 9-1-1 database.
Line 6	Indicate the number of providers trained to use the AED at entity.
Line 7	Describe where the AED is physically located in building/grounds using reference points and landmarks to describe the precise AED location. This description will be entered into the NH 9-1-1 database.
Line 8	List the AED Supplier name.
Line 9	List the AED Manufacturer name.
Line 10	List the AED serial number and AED model number

Official Use Only-AED# _____

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Automated External Defibrillation (AED) Registry Form

Entity Providing AED Information

Line 1	Name of Entity _____
Line 2	Entity Contact Name _____ Phone Number () _____
Line 3	Entity Type: <input type="checkbox"/> Business <input type="checkbox"/> Industrial Setting <input type="checkbox"/> School <input type="checkbox"/> Stadium <input type="checkbox"/> Municipality <input type="checkbox"/> Corporation <input type="checkbox"/> Store/Shopping Mall <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Physician Office <input type="checkbox"/> Other, please specify _____

AED Location Information*

Line 4	Mailing Address of AED _____ City _____ State _____ Zip _____
Line 5	Phone Number at AED Location () _____
Line 6	Number of AED Providers at Location _____
Line 7	Briefly describe the immediate location of the AED in building/grounds below (using reference points/landmarks) (1 sentence description): _____ _____ _____

AED Information

Line 8	Name of AED Supplier _____
Line 9	Name of AED Manufacturer _____
Line 10	AED Serial Number _____ AED Model Number _____

Signature of Person Completing Form _____ Date _____

Printed Name of Person Completing Form _____ Date _____

*Required by RSA 153-A:32

Once completed, send this form to the NH Bureau of EMS at 33 Hazen Drive, Concord, NH 03305