



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M. Flynn Fire Academy
98 Smokey Bear Blvd, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



John J. Barthelmes
Commissioner

Deborah A. Pendergast
Director

MEMORANDUM

TO: AED Providers
FROM: Bill Wood, Preparedness Coordinator (603)-223-4228
DATE: November 21, 2013
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 comply with the NH AED laws, included is an “AED Registry” form. There needs to be an “AED Registry” form completed for each AED your organizations possesses. The form can be completed as a “pdf” document and e-mailed to William.Wood@dos.nh.gov. The form can also be printed, completed and mailed to the address noted on the “AED Registry” form.

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 at a “fixed” location. 9-1-1 Emergency Dispatchers will be able to provide the caller with the AED location as well as any necessary medical instructions until emergency responders arrive.

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 the Bureau to notify you in the event of device 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 or William.Wood@dos.nh.gov if you have any AED-related questions.

-whw-

Emergency Medical Services – Fire Training and Certification – Fire Academy

Business: (603) 223-4200

Fax: (603) 271-4567

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

<http://www.nh.gov/safety/divisions/fstems/index.html>

**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 where the AED is located.
Line 2	List the name and phone number, including area code, of the individual at entity to contact for information/questions about the AED.
Line 3	Select an entity type by placing a checkmark next to the description that best applies to the entity.
Line 4	Required by RSA 153 A:32, indicate the mail address, city, state and zip code for the entity who will be responsible for the maintenance of the AED.
Line 5	Required by RSA 153-A:32, indicate the street number and name along with the city and state where the AED is located.
Line 6	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. (Include other phone numbers associated with the AED including pay phones)
Line 7	Indicate the number of providers trained to use the AED at entity.
Line 8	Describe where the AED is physically located in building using reference points and landmarks to describe the precise AED location. This description will be entered into the NH 9-1-1 database.
Line 9	List the AED Supplier name.
Line 10	List the AED Manufacturer name.
Line 11	List the AED serial number and AED model number

Official Use Only

AED# _____

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



(One Form Per AED)

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:	Assisted Living/Nursing Home Medical Office Business Municipality Church/Religious Facility School Federal Facility State Facility

AED Location Information*

Line 4	Mailing Address of Entity Contact _____ City _____ State _____ Zip _____
Line 5	Street Number & Address of AED location _____ City _____ State _____
Line 6	Phone Number(s) at AED location () _____
Line 7	Number of AED Trained Providers at Location _____
Line 8	Briefly describe the immediate location of the AED in building/grounds below - using reference points/landmarks – (1 sentence description): _____ _____ _____

AED Information

Line 09	Name of AED Supplier _____
Line 10	Name of AED Manufacturer _____
Line 11	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