



Registration of an Automated External Defibrillator on the Save a Life App



In order that all AEDs that have been put in cabinets for public use are recorded on the relevant Ambulance computer systems, could you please fully complete the details below and e-mail this form to defib@scas.nhs.uk. Please also use this form for any future amendments you may make regarding information relating to your AED. If you have already sent these details elsewhere, please still complete this form and return it to defib@scas.nhs.uk.

App Name The name of the building the Defibrillator is attached to. This should be easily recognisable by a member of the public not knowing the area.		Postcode Precise location of the Defibrillator. Please ensure this is correct.	
Type PAD = 24/7 No Restrictions. STATIC = Internal or Restricted Hours. Please delete as appropriate.		App Status The Ambulance Service will confirm when your Defibrillator is live on their systems.	
PAD STATIC			
Building Name		Building Number	Street Name
Town		County	Postcode
Type of Building the Defibrillator is Attached to Please think about how you would describe your location to a member of the public calling 999.		Details and EXACT Location The exact location the Defibrillator can be found i.e. First Aid Room or Wall Facing Car Park etc. We will provide these instructions to the public when they call 999.	
Availability Please confirm whether this Defibrillator is available 24/7 public access or there are restricted opening hours. Please delete as appropriate.		Opening Hours Please state the times the Defibrillator is available for use.	
24/7 Public Access Restricted Available Hours			
Call Ahead Telephone Number This should be a telephone number that can be placed on the app and made public for potential users to call to advise of the requirement of the Defibrillator.		Call Takers Call Ahead Telephone Number This is a telephone number that can be placed on our systems for the 999 call takers to be aware of if they need more information or assistance in an emergency.	
Defibrillator Supplier		Defibrillator Make & Model	Defibrillator Serial Number
Latitude Please see notes		Longitude Please see notes	Warranty Expiration
Adult PAD Expiration	Infant PAD Expiration	Battery Manufacturer Date	Battery Expiration

Cabinet Type	Location Code Cabinet Serial Number	Access Code

Guardians

Please note that it is preferable to have **at least two** Guardians per Defibrillator. This is purely to ensure we have someone to contact if there are any queries that may have arisen regarding the Defibrillator. **Please note that it is the responsibility of the Guardian to ensure that the defibrillator remains Response Ready and to notify us if any of the consumables are out of date making the defibrillator inactive.**

The information contained in this registration form may be shared with past, current and future Guardians. Please ensure that each Guardian is aware of this fact and signs below to agree this.

	Guardian Name	Guardian E-Mail	Guardian Phone Number	Guardian Signature
1				
2				
3				

Save a Life App

Your defibrillator will be loaded onto our Save a Life App. Please initial this box to confirm that you understand the information will be made available to the public.

<http://www.scas.nhs.uk/news/campaigns/savealife>

Please note that if you have previously downloaded our app you may have to 'Update AED List' from the menu function to ensure you're viewing current data.

Longitude & Latitude

You can find your Longitude and Latitude by searching for your location on Google Maps. Right click on your location and select 'what's here'. A box will appear with two numbers at the bottom that are slightly greyed out. This is your longitude and latitude. Please let us know if we have your location wrong.

NB: The information held on this registration form will be shared with other Guardians.