



42098

Complete this form:

- Whenever an AED is removed, moved, or placed *after* initial placement

Note: If you replace one AED with another, you may use one form for both AEDs.



# AED Removal/Placement

Unit Name: \_\_\_\_\_

1. Date AED Removed/Moved/Placed:

		/			/				
(month)	(day)		(year)						

date29

Time: (24 hour clock)

		:		
(hours)	(minutes)			

time29

Entity ID: entid29

(site)	(unit)	(entitv)	(chk)		

entsit29

entunt29

entnum29

entchk29

2. Was an AED Removed or Moved? (taken out of service from a specific location)

0  No

1  Yes

AED ID:

(Site)	(AED)	(Chk)			

aedidm29

locmov29 Location Removed From:

reasmv29 Primary Reason Removed/Moved: (check one)

1  Episode occurred → Complete the **Episode Log** and **Episode** forms

2  Suspected Malfunction **susmfd29**

    1  Handled locally (e.g.: company called, problem resolved)

    2  Device sent to company for evaluation (requires report to CTC)

8  Malfunction

3  Missing/stolen } Complete the **Adverse Situation Notification** form

4  Damaged

5  Moved to a new location

6  Abandoned location

Why? **spymov29 (40)**

7  Other: **sprsmv29 (40)**

placed29 3. Was an AED Placed? (put in service in a specific location)

0  No

Whv not? **spynpl29**

1  Yes

AED ID: **aedidp29**

(Site)	(AED)	(Chk)			

aedsip29

aednmp29

aedckp29

locplc29 Location Placed:  If previously unused location, attach an updated location map.

reaspl29 Primary Reason Placed: (check one)

1  Replacement for removed AED

2  Moved from another location

3  Additional AED needed → Why? **spyadd29 (30)**

4  Other: **sprspl29 (40)**

code29

For CTC Use Only

<input type="radio"/> Yes					
<input type="radio"/> No					

Signature of person filling out this form

Code Number

AEDMOVE

version 02.00

05/10/01

FAX